Lincoln Financial Group®

You're In Charge®

Group Vision Insurance

SUMMARY OF BENEFITS

Sponsored by: Douglas Cherokee Economic Authority

Provider Network

Lincoln VisionConnect® proudly partners with Spectera Eyecare Network for all of your needs.

Be sure to advise your provider your benefits are covered under Spectera!

spectera®

You may choose any provider; however using providers in our network should lower your out-of-pocket expenses.

A list of participating providers may be accessed at http://lvc.lfg.com or by calling toll-free at 1-800-440-8453.

Online Member Information

Please visit the member website for more details on the *Lincoln VisionConnect*® plan. The website will provide an up-to-date directory of In-Network providers, printable ID Cards and more.

Registration is required! **Please follow these helpful hints.**

- Visit http://lvc.lfg.com and select 'Register Now'
- Under the section *Enter your identifying information*, select 'Don't know Subscriber ID' and then enter the last 4 digits of your social security number and date of birth.
- The password will need 1 alpha, 1 numeric, 1 character (!,#,$,%,*,~).
- Complete all other areas, as required.

Eligibility

- Employee – a full-time employee, actively at work
- Dependent – Spouses and Dependent children may be covered up to age 26.

	In-Network[1]	Out-of-Network[2]
Copays		
Exam	$10 Copay	N/A
Materials	$ 25 Copay	N/A
Eye Examination	100% after Copay	Up to $40
Frames[3]	100% (Up to $130)	Up to $45
Eyeglass Lenses		
Single Vision	100% after Copay	Up to $40
Bifocal	100% after Copay	Up to $60
Trifocal	100% after Copay	Up to $80
Lenticular	100% after Copay	Up to $80
Popular Lens Options[4]		
Scratch resistant coating	No Cost	No Cost
Standard progressive lenses	$70 Copay	N/A
Standard anti-reflective coating	$40 Copay	N/A
Polycarbonate (single vision)	$25 Copay	N/A
Polycarbonate (multi-focal)	$30 Copay	N/A
Contact Lenses[5]		
Covered contact lens selection	100% after Copay	Up to $125
Elective contact lenses	Up to $125	Up to $125
Medically necessary contact lenses	100% after Copay	Up to $210

LASIK Vision Correction

- Discount benefits offered through Laser Vision Network of America (LVNA). Visit www.lincolnvisionlasik.com
- Free initial consultation to all in-network providers
- Up to 15% off standard prices
- Up to 5% off promotional pricing

See description of Footnotes on Page 2

Service Frequencies

Exam	12 months
Lens	12 months
Frames	24 months

Service may be provided once within the below period, as defined by the last date of service. Contact Lens would be provided in lieu of eyeglass lenses.

Exclusions

The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that requires the services of a physician; Worker's Compensation services

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or materials; Services or materials that the patient, without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

Footnotes

1. ***In-Network Benefits:*** Exam and materials copays and patient options are paid to the network provider by the plan participant at time of service.
2. ***Out-of-Network Benefits:*** The plan participant pays full fee to the provider at time of service and the member submits a claim for reimbursement of services rendered up to maximum allowance. There are no copays.
3. ***Frame Benefit:*** Our generous frame benefit applies to virtually all of the frames on the market today. The member is only required to pay the remaining balance after the $130 retail frame allowance is used. A 30% discount is applied in excess of the allowance.
4. ***Popular Lens Options:*** A variety of lens types, coatings and other upgrades are available to the member for at a 20% to 40% discounted price when In-Network. Please review the full list of covered options on the attached Lens Flyer. All other lens options not listed are offered up to a 20% discount off the retail price at participating providers.
5. ***Contact Lenses:*** Contact lenses are provided in lieu of eyeglasses (lenses and frame). Benefits may only be applied under one of the three benefit options.
   - When purchasing from the Covered Contact Lens Selection, the benefit is covered-in-full (after copay if applicable). This includes fitting/evaluation fees, contacts (including up to 4 boxes of disposables, depending on prescription and plan selected) and up to two follow-up visits. **The Covered Contact Lens Selection is not available at Wal-Mart, Sam's Club or Costco.**
   - All other elective contact lenses are covered up to a $125 allowance for fitting/evaluation fees and the materials copay does not apply.
   - Medically necessary contact lenses are determined at the eye care provider's discretion. If an out-of-network provider considers contacts necessary, members should ask their out-of-network provider to contact us concerning the reimbursement that we will make before they purchase such contacts.

Additional Discounts

- Additional materials, such as additional pairs of eyeglasses or contact lenses, requested by the member may be offered at a 20% discount at participating providers.
- Members may also purchase mail order contact lenses online at a 10% discount. The member will visit www.myvisionlenses.com and will be required to submit an Out-of-Network claim for reimbursement.

Eyeglass Options

Type	Cost	Type	Cost
COATINGS			
Standard Scratch Coating	N/C	Scratch Warranty	$10
Solid Tint	$13	Gradient Tint	$15
Glass Coating (solid)	$14	Glass Coating (gradient)	$15
UV Coating (plastic0	$16	UV Coating (glass)	$23
Edge Coating	$16	Glass Photochromic (single vision)	$20
Glass Photochromic (multi-focal)	$30	Non-glass Photochromic (single vision)	$50
Non-glass Photochromic (multi-focal)	$65	Standard Anti-Reflective Coating	$40
Premium Anti-Reflective Coating	$80	Platinum Anti-Reflective Coating	$90
LENSES			
Oversize from 57/mm 62/mm Eye Size	$10	Blended Bifocals	$40
Cataract Lenses	$75	Occupational Double Segs	$40
Aspheric Design (single vision)	$28	Aspheric Design (multi-focal)	$75
Faceted	$50	Roll and Polish	$13
Standard Progressive	$70	Deluxe Progressive	$110
Premium Progressive	$150	Platinum Progressive	$250
MATERIALS			
High Index (single vision)	$30	High Index (single vision Spectralite or 1.60)	$40
High Index (single vision 1.66)	$54	High Index (multi-focal)	$50
High Index (multi-focal Spectralite or 1.60)	$60	High Index (multi-focal 1.66)	$69
Polycarbonate (single vision)	$25	Polycarbonate (multi-focal)	$30

Contact Options

Daily Wear

Alcon DAILIES AquaComfort Plus (30 lenses per box)
Alcon Focus DAILIES Toric ADC (30 lenses per box)
CooperVision™ Proclear® 1 day (30 lenses per box)
Vistakon 1 • Day Acuvue Moist (30 lenses per box)

Monthly Wear

Alcon AIR OPTX® AQUA (6 lenses per box)
CooperVision™ Biofinity® (6 lenses per box)
CooperVision™ Frequency® 55 Aspheric (6 lenses per box)
CooperVision™ Frequency® 55 (6 lenses per box)
CooperVision™ Proclear® Sphere (6 lenses per box)
Valeant PureVision2 (6 lenses per box)

Biweekly wear

Alcon Freshlook Handling Tint (6 lenses per box)
CooperVision™ Avaira (6 lenses per box)
CooperVision™ Biomedics® XC (6 lenses per box)
CooperVision™ Biomedics® 55 premier (6 lenses per box)
Valeant Soflens38 (6 lenses per box)
Vistakon ACUVUE® ADVANCE® PLUS (6 lenses per box)
Vistakon ACUVUE® 2 (6 lenses per box)

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Out-of-Network Claim Submission

To file a claim for reimbursement for Services rendered by a non-Network Provider, provide the following information:

- Your itemized receipts; Subscriber name; Subscriber's identification number; Patient name; and Patient date of birth.

Submit a claim by mail to:
Claims Department – *Lincoln VisionConnect*
P.O. Box 30978
Salt Lake City, UT 84130

Submit a claim by fax to:
(248) 733-6060

Questions? Please Contact our Customer Service Department at 1-800-440-8453

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describe the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.

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