

Southern Methodist ***University***

Vision Benefits

Effective: January 1, 2007

Customer Care:

800-865-3676

Vision Provider Directories:

www.visioncare.com

Enrollment Booklet



VisionCare Plan Overview ID Card

VisionCare Plan offers you and your family an outstanding benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts. The plan features:

- In-network and out-of-network benefits
- Enhanced in-network benefits
- National panel of optometrists and ophthalmologists

Frequently Asked Questions

How does the plan work?

The plan is easy to use!

1. Your ID card and a certificate of coverage will be mailed to your employer. The certificate gives detailed information about VisionCare Plan benefits.
2. Present your ID card at the time of your visit. You'll pay any co-payments at that time.

You have nothing more to do! The doctor provides you with services and bills CompBenefits directly for the balance of your bill.

Since the plan is designed to meet your eye care needs, optional upgrades (like frames costing more than the plan limits, progressive lenses, or contacts that are not medically necessary) will cost extra. However, since all upgrades are on a wholesale basis, your cost will be lower than what you would pay on your own.

What are the advantages of using a network provider?

CompBenefits' national network of providers provides you with one-stop shopping. You'll receive eye exams and materials and pay nothing more than your co-payment (cosmetic options will include additional charges).

What if I want to see a provider not in your network?

If you prefer, you can visit a non-network doctor. You will pay the doctor's regular charges, and CompBenefits will reimburse you according to the plan's non-network benefit schedule.

How can I get more information?

You may contact CompBenefits' Member Services Department with any questions or concerns at 1-800-865-3676, M-F 8am-6pm EST. You may also locate us on the web at www.mycompbenefits.com.

Monthly rates for: Southern Methodist University
Effective date: January 1, 2007

Employee	\$ 6.78
Employee + One	\$13.56
Employee + Family	\$19.88

Group #: VS992

Plan
Frequencies

Exam every 12 months
Lenses every 12 months
Frames every 24 months

Co-payment for each member at the time of service

Exam	\$10
Lenses and/or frames	\$15

Maximum Allowances	Network Provider <small>(after co-payments; up to plan limits)</small>	Non-network
Eye Exam	Paid in full	\$35
Lenses (per pair)		
Single	Paid in full	\$25
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
Contact Lenses		
Elective (exam & lenses)	\$105**	\$105**
Medically necessary*	Paid in full	\$210
Frame	\$40 wholesale	\$40 retail
Lasik		
Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:		
<ul style="list-style-type: none"> • Silver Package: \$895/eye for Conventional LASIK • Gold Package: \$1,295/eye for CustomLASIK • Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology). 		
Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.		

* Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

**This allowance is paid with the same frequency as lenses, in place of all other benefits.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits, exclusions, and limitations, please reference your certificate of coverage.



Dual Choice Coverage

More than 92% of our plan members choose a network doctor from our *List of Member Doctors*. Doing so means getting the greatest value from the plan at the least out-of-pocket expense. Services and materials are provided on a prepaid basis, and the plan pays network doctors directly.

Plan members may use non-network doctors if they wish. In this case, they pay their doctor at the time of the visit and submit receipts to us for reimbursement. Benefits are paid according to a reimbursement schedule. The following shows the **maximum allowances** for services and materials depending on whether or not a plan member uses a network doctor:

	Network Doctor (after copayments/ up to plan limits)	Non-Network Doctor
Eye exam	Paid in full	\$35
Lenses (per pair)		
Single	Paid in full	25
Bifocal	Paid in full	40
Trifocal	Paid in full	60
Lenticular	Paid in full	100
Contact Lenses		
Elective (fitting, follow-up & lenses)	\$105 [‡]	105 [‡]
Medically necessary*	Paid in full	210
Frame	Paid in full	40
<p>* Medically necessary (prior authorization required) is defined as 1.) following cataract surgery w/o intraocular lens; 2.) correction of extreme visual acuity problems not correctable with glasses; 3.) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4.) Keratoconus; or 5.) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.</p> <p>[‡] This allowance is paid with the same frequency as lenses, in place of lens and frame benefit.</p>		

The amounts shown are **maximum benefits**. The actual benefit amount the plan will reimburse to a plan member for non-network doctors will be the *least* of: the maximum shown in the schedule; the amount actually charged; or the amount a doctor usually charges a private patient.

The availability of services under the non-network reimbursement schedule is subject to the same time limits and copayments as those for network services. The plan pays non-network benefits in place of services from a network doctor.

Out-of-State Services

In-network services are available through a nationwide network of participating doctors. If plan members travel or move to another state, their plan goes with them. They simply request a *List of Member Doctors* for that area along with the benefit form, and as long as they remain eligible, they will receive the same benefits as they would in their home state.

what's new online...

www.mycompbenefits.com



Explore the exciting new features that make it easier for you to find information and make changes to your CompBenefits vision and dental plans.

- **Change Personal Information:** You can now access and change personal demographic information, such as your name and address, directly from your CompBenefits account.
- **Change Your DHMO Dental Provider:** To change your DHMO provider, simply follow the step-by-step instructions on the Member List page and click **SAVE**.
- **Search for a Provider:** By registering at MyCompBenefits.com, you can easily search for a Provider in your area that accepts your specific plan.
- **ID Card and Claim Forms:** You may print temporary ID Cards and request permanent ID Cards online. You may also download Claim Forms as needed.
- **Print a VisionPass Form:** If you need to see an Eye Care Professional, you may need a VisionPass form. Now you can easily and quickly create and print one online.
- **Check the Status of a Claim:** It's easy to check your claim status. Simply select the family member who received services and enter the time period to obtain a list of claims. From the list, click on the **View** option to see details on how the claim was paid.
- **Ask Questions about a Claim:** We're here to answer any questions you may have. From the claims detail screen, click **Claims Question**. You'll receive a response within one business day.

How to Register Online: It's fast and simple!

Step #1: Go to www.mycompbenefits.com.

Step #2: Select **Click here to Register Now!**

Step #3: Type the requested information on the PIN Registration page and click **Next**.

Step #4: In the next page, enter your Member ID number.

Step #5: Enter your demographic information as it appears on your enrollment form or as indicated on your ID card. Click **Submit**.

*Member Access to Online Services
24 Hours a Day, 7 Days a Week*





Southern Methodist University Benefits Enrollment Form

Please complete the following information:						
Social Security No.	Last Name	First	MI	Date of Birth / /		
Home Address			Home Phone ()		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
City	State	ZIP Code	Business Phone ()		Facility Number	
List All Your Eligible Dependents That Are To Be Covered						
	First	MI	Last	Facility Number	Sex	Birth Date
Spouse:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:					M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Effective Date:	Plan Code Vision	Group Number VS992	Your E-mail Address		Agent Number	

PLEASE CHECK YOUR CHOICE	Voluntary Section 125 Vision Plan Frequencies: 12/12/24 Co-payments: \$10/\$15
Monthly Rates	
Employee Only	<input type="checkbox"/> \$ 6.78
Employee + One	<input type="checkbox"/> \$13.56
Employee + Family	<input type="checkbox"/> \$19.88

I wish to enroll in the plan indicated above as offered through my employer. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan. I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Signature: X _____ Date: _____