



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features



Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.



Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login



Prefer to Shop Online?

Eyeconic offers CEC members special discounts when using the promo code

CECMEMBERS at eyeconic.com.



120 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
|-----------------------------|---|-------|------------------------------|
| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$120 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$120 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 10 MONTH | |
|--------------------------|----------------|
| Employee Only | \$7.03 |
| Employee + One | \$13.63 |
| Employee + Family | \$20.39 |

155 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
|-----------------------------|---|-------|------------------------------|
| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$155 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$155 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 10 MONTH | |
|--------------------------|----------------|
| Employee Only | \$10.78 |
| Employee + One | \$20.47 |
| Employee + Family | \$31.25 |

200 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
|-----------------------------|---|-------|------------------------------|
| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$200 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$200 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 10 MONTH | |
|--------------------------|----------------|
| Employee Only | \$14.74 |
| Employee + One | \$28.00 |
| Employee + Family | \$42.73 |

ADDITIONAL SAVINGS

| | |
|--|--|
| Additional Pairs of Glasses or Contacts | Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam. |
| LASIK Discounts | Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center. |
| Special Offers | A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information! |

Benefits may vary by location.
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Questions about your benefits?
 Visit us online at cecvision.com or call **888-254-4290**.



120 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
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| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$120 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$120 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 12 MONTH | |
|--------------------------|----------------|
| Employee Only | \$5.86 |
| Employee + One | \$11.36 |
| Employee + Family | \$16.99 |

155 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
|-----------------------------|---|-------|------------------------------|
| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$155 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$155 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 12 MONTH | |
|--------------------------|----------------|
| Employee Only | \$8.98 |
| Employee + One | \$17.06 |
| Employee + Family | \$26.04 |

200 PLAN

| BENEFIT | DESCRIPTION | COPAY | OUT-OF-NETWORK REIMBURSEMENT |
|-----------------------------|---|-------|------------------------------|
| Exam | An annual routine eye exam. | \$10 | 100% minus the copay |
| Retinal Screening | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes. | \$39 | None |
| Eyewear | An annual \$200 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25 | Up to \$200 minus copay |
| Contact Lens Fitting | An annual fitting or evaluation. | \$25 | 100% minus the copay |

| MONTHLY RATES - 12 MONTH | |
|--------------------------|----------------|
| Employee Only | \$12.28 |
| Employee + One | \$23.33 |
| Employee + Family | \$35.61 |

ADDITIONAL SAVINGS

| | |
|--|--|
| Additional Pairs of Glasses or Contacts | Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam. |
| LASIK Discounts | Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center. |
| Special Offers | A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information! |