

Your CEC Vision Benefits Summary

Company: Polk County Schools

CEC Coverage Effective Date: 01/01/2023

Frequency: All benefits renew every 12 months.



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! |