

# 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
<b>Exam</b>	An annual routine eye exam.	\$10	100% minus the copay
<b>Retinal Screening</b>	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
<b>Eyewear</b>	An annual <b>\$120</b> 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
<b>Contact Lens Fitting</b>	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 12 MONTH	
Employee Only	<b>\$5.86</b>
Employee + One	<b>\$11.36</b>
Employee + Family	<b>\$16.99</b>

## 155 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
<b>Exam</b>	An annual routine eye exam.	\$10	100% minus the copay
<b>Retinal Screening</b>	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
<b>Eyewear</b>	An annual <b>\$155</b> 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
<b>Contact Lens Fitting</b>	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 12 MONTH	
Employee Only	<b>\$8.98</b>
Employee + One	<b>\$17.06</b>
Employee + Family	<b>\$26.04</b>

## 200 PLAN

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
<b>Exam</b>	An annual routine eye exam.	\$10	100% minus the copay
<b>Retinal Screening</b>	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
<b>Eyewear</b>	An annual <b>\$200</b> 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
<b>Contact Lens Fitting</b>	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES - 12 MONTH	
Employee Only	<b>\$12.28</b>
Employee + One	<b>\$23.33</b>
Employee + Family	<b>\$35.61</b>

### ADDITIONAL SAVINGS

<b>Additional Pairs of Glasses or Contacts</b>	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.
<b>LASIK Discounts</b>	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
<b>Special Offers</b>	A variety of special offers are available to CEC members. Visit <a href="http://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information!

Benefits may vary by location.  
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Questions about your benefits?

Visit us online at [cecvision.com](http://cecvision.com) or call **888-254-4290**.