

### WHEN WILL MY BENEFITS BEGIN?

You will be eligible on your plan's effective date or upon your enrollment eligibility date.

### WHAT TYPE OF FRAMES ARE COVERED?

Your retail frame allowance through Nationwide Vision is \$130. The inside chart indicates the number of covered frames available when members elect to use a Nationwide Vision office. For the Preferred Provider Network or the Out-of-Network benefits a retail dollar allowance is provided that the member may use toward their frame purchase.

### IF I CHOOSE CONTACTS, CAN I GET GLASSES?

No, you can choose the benefit allowance for either contact lenses **OR** eyeglasses as stated in your benefit description.

### WHAT DOES THE CONTACT ALLOWANCE COVER?

The allowance indicated for contact lenses is the dollar amount the member may use to purchase contact lens product through a Nationwide Vision office. If a Preferred Provider Doctor is used, it is an allowance towards the fitting fee and contacts lens purchase and if an Out-of-Network provider is used, it is an allowance towards the exam, fitting, and contact lens purchase.

### WHAT ARE MEDICALLY NECESSARY CONTACT LENSES?

Medically Necessary contact lenses are typically covered for members with the following conditions:

- following cataract surgery,
- to correct extreme visual acuity problems that cannot be corrected with spectacle lenses, (If you cannot be corrected to better than 20/70 with spectacle lenses)
- certain conditions of anisometropia,
- keratoconus.

### WHAT IF I RECEIVE SERVICES FROM AN OUT-OF-NETWORK PROVIDER?

The member must pay the Out-of-Network Provider their usual and customary fees for their services then submit itemized receipts to SightCare along with your name, address, and social security number.

You will be reimbursed according to the plan's Out-of-Network Reimbursement Schedule, provided you submit your claim within 6 months of the date you receive services. There is no assurance that the reimbursement schedule will be sufficient to pay for the examination, lenses, or frames.

Services provided through an Out-of-Network Provider are subject to the eligibility, availability, copayments, and limitation provisions of the plan as described in the Group Services Agreement and are "In Lieu" of services provided by a Nationwide Vision or the Preferred Provider Network.

### SPECIAL LASIK DISCOUNT

SightCare members are entitled to receive a LASIK allowance of \$150, if the member elects not to use their eye examination, eyeglass, or contact lens benefit. The LASIK procedure must be done through Nationwide™ Vision Laser & Eye Center located at 2222 East Camelback Road. The price of the procedure is based upon the prescription. The LASIK Fee includes the pre and postoperative care of the patient. In addition, should an enhancement be required during the first year, patients would receive it at no additional charge. Nationwide™ Vision offers a free no obligation consultation for members interested in learning more about the LASIK procedure. Call Nationwide™ Vision Laser & Eye Center at (602) 26-LASIK.

### WHO DO I CALL WITH QUESTIONS?

You may call our Customer Service Department at (480) 961-1702.

**Monday - Friday 8:00 am to 5:00 pm**

All Nationwide Vision locations are on-line with SightCare's eligibility and verification system. Therefore, verification can be done in the evenings and on the weekends so the member is not inconvenienced. Preferred Providers are not on-line and must call on a weekday to obtain verification and authorization.

### RIGHT TO APPEAL

In the event we do not authorize or pay a claim, we must notify you of your right to appeal that decision. You may call our customer service number at (480) 961-1702 to have a Health Care Appeals Packet sent to you.

### ITEMS NOT COVERED

All options not specifically named in the plan can be purchased at the specified discount or co-payment of the plan. There is no benefit for professional services or materials connected with:

1. Orthoptics or vision training, subnormal vision aids, aniseikonic lenses, plano (nonprescription) lenses, or glasses secured when there is no prescription change.
2. Lenses and frames furnished under this plan which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.
3. Medical or surgical treatment of the eyes.
4. Services or materials provided as a result of any workmen's compensation law or similar legislation, or obtained through or required by government agency or program whether, federal, state or any subdivision thereof.
5. Any eye examination required by an employer as a condition of employment, unless it is obtained at the normal interval for such services.

# SightCare™

## Vision Plan

Benefit Schedule

# ALHAMBRA ELEMENTARY SCHOOL DISTRICT

## Certificate of Coverage Voluntary Multiple Networks Standard Plan - 130 Benefit Period Once Every 12 Months

SIGHTCARE™, INC. CORPORATE OFFICE  
220 NORTH MCKEMY  
CHANDLER, ARIZONA 85226  
(480) 961-1702

## INTRODUCING SIGHTCARE, INC.

SightCare, Inc. is a licensed non-profit optometric service corporation in the State of Arizona, whose mission is to provide and administer consistently high quality optometric service plans that are accessible, accountable, and cost effective.

SightCare's Exclusive Provider Network (EPN) of Nationwide Vision offices and Preferred Provider Network (PPN) are staffed with licensed Doctors of Optometry and Ophthalmology, along with professionally trained staff to give you quality care and products.

## WHAT ARE MY BENEFITS?

The following services are available to members who choose to receive services through SightCare's Exclusive Provider Network Nationwide Vision, after the co-payment (if applicable) is met:

Eye Examination	\$ 0 co-payment
Material	\$ 0 co-payment
Frame Allowance	Up to \$130
Standard Lenses	
Single Vision & Bifocal FT-28	100% Covered
Trifocal 7x28	100% Covered
Progressive (standard)	\$ 30 co-payment
Progressive (intermediate)	\$ 60 co-payment
Options	
Lens Options	20% Discount
Lens Options	20% Discount

### OR

Contact Lenses	
Elective/Cosmetic*	\$ 130 Allowance
Medically Necessary	\$ 250 Allowance

\*(Contact lenses are in place of spectacle lenses and frame.)  
A summary of benefits is on the right hand side.

## HOW OFTEN ARE SERVICES AVAILABLE?

Eye Examination	12 Months*
Lenses (pair)	12 Months*
Contact Lens Benefit	12 Months*
Frame	12 Months*

\* From the Group's Effective Date

## IS THERE A CO-PAYMENT ON MY PLAN?

Yes, \$ 10 exam co-payment  
\$ 10 materials co-payment

You pay required copayments directly to the Preferred Provider locations. Nationwide Vision does not have any copayments. **The copayments and benefits between networks are different** and are based upon the specific provider network the member elects to use for services.

## HOW DO I USE THE PLAN?

There are no forms or authorization codes you need to obtain. Simply call any Nationwide Vision or Preferred Provider Doctor location to schedule an appointment and inform the office you are a SightCare member. The office will verify eligibility prior to your appointment. When you arrive for your appointment, present your SightCare identification card. It's that easy!

## WHERE ARE SERVICES OBTAINED?

SightCare's Exclusive Provider Network of Nationwide Vision offices or any of the Participating Provider Doctors may be used to obtain services. Benefits for this plan are dependent upon the Provider Network chosen. If a Provider outside of these two networks is chosen, benefits will be paid based upon the Out-of-Network allowance. Upon receipt of Out-of-Network claims, members will be reimbursed within 10 to 15 working days.

## NATIONWIDE VISION FULL SERVICE PROVIDER

All Nationwide Vision locations are full-service providers. This means that you can have your eye's examined, pick out your glasses, and/or obtain your contact lenses at the same location. You do not need to take your prescription to another location to have it filled.

## Plan Benefits

<u>Plan Feature</u>	<u>Nationwide Vision Network (EPN)</u>	<u>OR</u>	<u>Preferred Provider Network (PPN)</u>	<u>OR</u>	<u>Out-of-Network Allowance</u>
<b>Eye Examination</b>	<b>No co-payment</b>		<b>After \$10 co-payment</b>		
Eyeglass or Contact Lens	100% Covered		100% Covered		\$ 35
Contact Lens Fitting Fee	100% Covered		See CL's* Section		See CL's* Section
	<b>(When CL's Benefit Elected)</b>				
<b>Ancillary Testing for Exams</b>					
Dilation	100% Covered		100% Covered		See Exam Allowance
Visual Fields Testing	\$ 12 co-payment		20% Discount *		Not Covered
<b>Frames</b>	<b>No co-payment</b>		<b>After \$10 Material co-payment</b>		
Frame Allowance	Up to \$130		Up to \$130		\$ 45
			(Wal-Mart & Sam's Club \$65 frame allowance)		
<b>Standard Lenses</b>					
Single Vision	100% Covered		100% Covered		\$ 25
Bifocal FT-28	100% Covered		100% Covered		\$ 40
Trifocal 7x28	100% Covered		100% Covered		\$ 50
Lenticular	100% Covered		100% Covered		\$ 50
Progressive (standard)	\$30 co-payment		20% Discount*		\$ 40
Progressive (intermediate)	\$60 co-payment		20% Discount*		\$ 40
<b>Options</b>					
Polycarbonate (under 18 yrs.)	100% Covered		20% Discount*		Not Covered
UV & Tint	100% Covered		20% Discount*		Not Covered
Lens Options	20% Discount		20% Discount*		Not Covered
	<b>In Lieu of Eyeglasses (frame &amp; lenses)</b>				
<b>Contact Lens Product Allowance</b>					
Elective/Cosmetic	Up to \$130		\$130 Allowance towards CL's and Fitting		\$100 Allowance towards CL's, and Fitting
Medically Necessary	Up to \$250		Up to \$250		Up to \$ 100
	<b>In Lieu of Exam, Eyeglasses (frame &amp; lenses) or Contact Lenses</b>				
<b>LASIK Benefit</b>	\$150 Allowance		Not Covered		Not Covered
<b>2nd Pair</b>			<b>2nd Pair Purchases</b>		
Frames	25% Discount		Not Covered		Not Covered
Lenses	25% Discount		Not Covered		Not Covered
Options	25% Discount		Not Covered		Not Covered
<b>Replacement Lenses</b>					
Disposable	10% Discount		10% Discount		Not Covered
Conventional	20% Discount		20% Discount		Not Covered

### Notations:

Provider Network = Nationwide™ Vision Offices **OR** Preferred Provider **OR** Out-of-Network Allowance  
Out-of-Network = Member must pay first and then submit receipts to SightCare to be reimbursed.  
LASIK Benefit = Through Nationwide Vision Laser and Eye Center Exclusively.  
Wal-Mart/Sam's Club = Does not offer any additional discounts on their already low prices.