

Mission Health Vision Plan



	The Benefit	Bi-Weekly Rates																								
350 Plan	<ul style="list-style-type: none"> ■ An eye exam once a year (\$15 co-pay) ■ A \$350 allowance for eyewear annually (\$15 co-pay) ■ A contact lens fitting, re-fit, or evaluation once a year (\$15 co-pay) 	Employee Only \$3.81 Employee + One..... \$7.92 Employee + Family \$12.31																								
Progressive Lenses	<p>Progressive lenses can be covered under the member's annual eyewear allowance. If a member goes over the \$350 eyewear allowance, providers cannot charge members more for progressive lenses than the price protections listed below. These price protections limit the member's out-of-pocket cost for progressive lenses.</p> <table> <tr> <td>Standard Progressive:</td> <td>\$70</td> </tr> <tr> <td>Deluxe Progressive:</td> <td>\$110</td> </tr> <tr> <td>Premium Progressive:</td> <td>\$150</td> </tr> <tr> <td>Platinum Progressive:</td> <td>\$250</td> </tr> </table>	Standard Progressive:	\$70	Deluxe Progressive:	\$110	Premium Progressive:	\$150	Platinum Progressive:	\$250																	
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Lens Option Price Protections	<p>Out-of-pocket costs for the lens options listed below are limited to the price protections shown. Note that lens options other than progressives are not covered under the member's annual eyewear allowance.</p> <table> <tr> <td>Scratch Warranty:</td> <td>\$10</td> <td>Roll and Polish Edges:</td> <td>\$13</td> </tr> <tr> <td>Tint:</td> <td>\$14</td> <td>High Index <= 1.66:</td> <td>\$53</td> </tr> <tr> <td>UV Coating:</td> <td>\$16</td> <td>High Index 1.67–1.73:</td> <td>\$63</td> </tr> <tr> <td>Photochromic:</td> <td>\$67</td> <td>Polycarbonate (adult 18 years+):</td> <td>\$33</td> </tr> <tr> <td>Standard Anti-Reflective Coating:</td> <td>\$40</td> <td>Polycarbonate (child under 18):</td> <td>\$0</td> </tr> <tr> <td>Premium Anti-Reflective Coating:</td> <td>\$90</td> <td></td> <td></td> </tr> </table>	Scratch Warranty:	\$10	Roll and Polish Edges:	\$13	Tint:	\$14	High Index <= 1.66:	\$53	UV Coating:	\$16	High Index 1.67–1.73:	\$63	Photochromic:	\$67	Polycarbonate (adult 18 years+):	\$33	Standard Anti-Reflective Coating:	\$40	Polycarbonate (child under 18):	\$0	Premium Anti-Reflective Coating:	\$90			
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Why enroll in CEC? Here are a few simple reasons:

Vision is Really Important!

72% of Americans need glasses or contacts, and everyone needs an annual eye exam. At your appointment, your doctor can also check for other health issues such as diabetes and glaucoma.



You'll Save Money!

CEC's vision benefits can save you up to 80% on routine eye care.



You Can Get Sunglasses!

Your eyewear allowance is completely flexible. You can get frames, lenses, contact lenses — *and even non-prescription sunglasses!*



See Your Doctor!

With CEC, you can see your preferred eye doctor. We also have 27 retail optical chains in-network.

Plan Features

Members Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.

LASIK Discounts

Members receive up to a 50% discount relative to national averages on LASIK from participating providers. LASIK is not an insured benefit.

Optical Discounts

CEC understands that vision plan members may encounter sales promotions (such as "two-for-one sales") or steep discounts offered by some of our optical providers. As is true of most vision plans, providers will allow you to use only one of the following towards your purchase:

- Your CEC vision benefit, or
- The sales promotion (the sale price or discount)

Members who select the sales promotion are not eligible for reimbursement for that purchase.

Coverage for Fittings & Evaluations

The maximum coverage for contact lens fittings is \$100, and the maximum for contact lens evaluations is \$80.

Out-of-Network Benefit

If you choose to see an out-of-network provider, you still receive your full covered benefit. You'll just need to submit an out-of-network claim form to CEC and you'll be reimbursed for the cost of the exam (minus the co-pay) and for the cost of your eyewear, up to the amount of the eyewear allowance (minus the co-pay). Reimbursement generally occurs within 60 days of submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform.

Routine Vision Coverage

Coverage under the above plan does not include medical treatment or surgical treatment of the eyes. Examples of conditions that could necessitate your visit being filed by your provider to your medical insurance include diabetes, glaucoma, cataracts, and other medical conditions.

Fundus photography is not a covered benefit, and coordination of benefits is not permitted, either with respect to other vision plans or with respect to vision benefits under health insurance plans.

COBRA Benefit

Existing CEC members who terminate employment will be able to enroll in COBRA.

Questions about your benefits?

Our customer service team is available at 888-254-4290, Monday through Friday, 8:30 AM-7:00 PM, and Saturday, 10:00 AM-4:00 PM. You can also access your benefit information via our online Member Portal at cecvision.com.