



## Vision Benefit Summary

# CITY OF DALLAS

Plan Year Effective 01/01/02

Spectera, a leader in vision care, is pleased to introduce a **comprehensive vision care benefit** to the employees of the City of Dallas.

### BENEFITS AT A SPECTERA PARTICIPATING PROVIDER

When you visit a Spectera participating provider and receive these covered services...	You will pay...
<b>COMPREHENSIVE VISION EXAM</b> (Once Every 12 Months)	\$10 co-payment
<b>PAIR OF LENSES*</b> (for glasses) (Once Every 12 Months) ➤ Clear single vision ➤ Clear lined bifocal ➤ Clear lined trifocal ➤ Clear Lenticular	\$25 co-payment \$25 co-payment \$25 co-payment \$25 co-payment
<b>FRAMES*</b> (Once Every 24 Months) ➤ Selection frame  ➤ Non-Selection frame	\$25 co-payment  \$25 co-payment plus the difference (if any), at Spectera's preferred price.
<b>CONTACT LENSES</b> (in lieu of lenses and frame) (Once Every 12 Months) ➤ Selection contact lenses (includes evaluation, fitting fees, contacts & up to 2 follow up visits)  ➤ Non-Selection contact lenses	\$25 co-payment  You can apply a \$105 allowance toward the evaluation, fitting fees and contact lenses.
<b>PATIENT OPTIONS</b> Progressive lenses, scratch coatings, and tints etc.	Spectera's preferred price, which is typically 20-40% less than retail.

**\*Note: Single \$25 co-payment covers both frame and spectacle lenses.**

### BENEFITS AT AN OUT-OF-NETWORK PROVIDER

SERVICE	REIMBURSEMENT SCHEDULE
Exam	Up to \$40.00
Single Vision Lenses	UP to \$40.00
Bifocal Lenses	Up to \$60.00
Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Frame	Up to \$45.00
Elective Contact Lenses	Up to \$105.00
Medically Necessary Contact Lenses	Up to \$210.00

Participating Provider (In-Network) – co-payments and non-covered patient options are paid to participating provider by plan participant.

Non-participating provider (Out-of-Network) – participant pays full fee to provider and Spectera reimburses the member for services rendered up to maximum allowance. Co-payments do not apply to out-of-network benefits.

**Complete your overall employee benefit package by enrolling in Spectera's Vision Benefit.**

Sample Illustration at a Private Practice Provider with an approximate frame retail value of \$90 to \$150.  
 (Covered in full frames include Selection frames & all frames with a wholesale cost of \$50 or less)

<b>Materials</b>	<b>Your Cost as a Spectera Member*</b>	<b>Your Average Cost without Spectera</b>
Examination (Once Every 12 Months)	Covered in full, less Co-Payment**	\$55.00
Bifocal Lenses (Once Every 12 Months)	Covered in full, less Co-Payment**	\$94.00
Frame (Once Every 24 Months)	Covered in full, less Co-Payment**	\$140.00
<b>Total Co-Payments:</b>	<b>\$35.00</b>	
<b>Total Annual Premium (Single Coverage):</b>	<b>\$64.08</b>	
<b>Total Member Cost:</b>	<b>\$99.08</b>	<b>\$289.00</b>
<b>Total Member Savings:</b>	<b>\$189.92</b>	

Sample Illustration at a Retail Chain Provider with a frame retail cost of \$100.

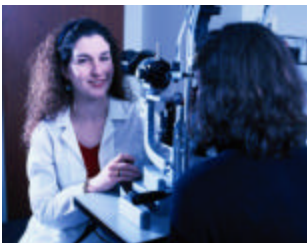
(Minimum frame benefit at Retail Chain Providers is a \$100 allowance off the frame's retail cost)

<b>Materials</b>	<b>Your Cost as a Spectera Member*</b>	<b>Your Average Cost without Spectera</b>
Examination (Once Every 12 Months)	Covered in full, less Co-Payment**	\$55.00
Bifocal Lenses (Once Every 12 Months)	Covered in full, less Co-Payment**	\$94.00
Frame (Once Every 24 Months)	Covered in full, less Co-Payment**	\$100.00
<b>Total Co-Payments:</b>	<b>\$35.00</b>	
<b>Total Annual Premium (Single Coverage):</b>	<b>\$64.08</b>	
<b>Total Member Cost:</b>	<b>\$99.08</b>	<b>\$249.00</b>
<b>Total Member Savings:</b>	<b>\$149.92</b>	

\* These numbers are based upon visiting a participating Spectera provider and choosing from within the covered selection. Some items may require an additional charge.

\*\* A \$10 examination co-payment and \$25 materials co-payment (lenses and/or frame) will be charged.

**CHOICE AND ACCESS OF VISION CARE PROVIDERS**



Spectera offers its program through a national network of vision care providers. To access the provider locator service please visit our web site at [www.spectera.com](http://www.spectera.com) or call 1-800-839-3242, 24 hours a day, 7 days a week.

**AFFORDABLE COVERAGE**

Spectera's vision benefit is very affordable. The monthly premiums are:

Employee Only:	\$ 5.35 per month
Employee + Spouse:	\$ 9.75 per month
Employee + Child(ren)	\$10.25 per month
Employee + Family	\$15.75 per month

Keep this Benefit Summary and Vision Care Program description that includes detailed benefit information and how to use the program. Customer Service is available toll free at 1-800-638-3120 from 7:30 am to 7:00 pm CST.