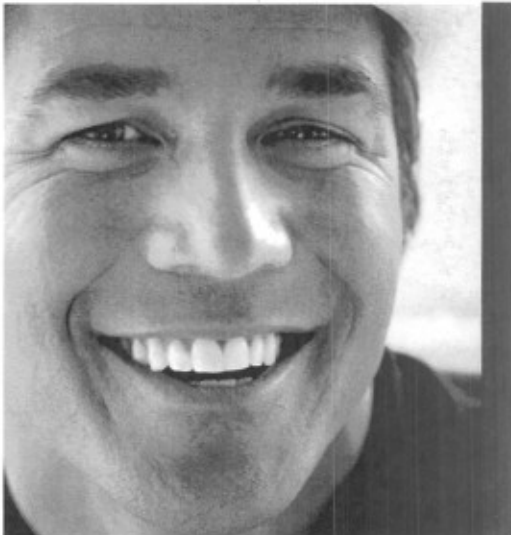
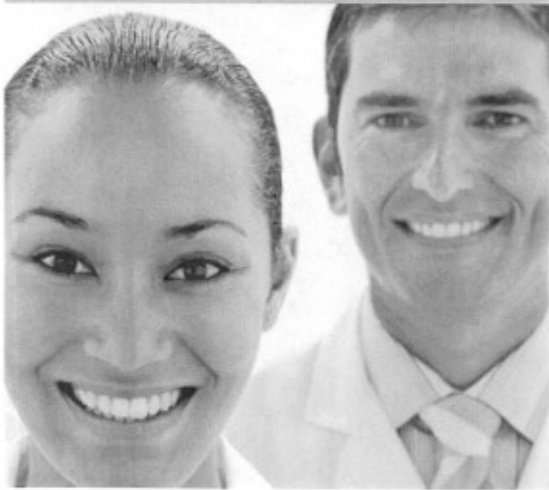


Northwest Florida State College Vision Benefits



**Vision
Enrollment
Booklet**



HUMANA.
CompBenefits

about Humana/CompBenefits

Humana/CompBenefits offers affordable, flexible plan designs, dental and vision benefits expertise, expansive nationwide networks and a passion for service.

This has enabled Humana/CompBenefits to grow into one of the largest dental and vision insurance carriers in the country, with over 12 million dental and vision members and more than 30 years of experience.

Humana/CompBenefits remains committed to meeting our customers' needs.

Insured or administered by CompBenefits, CompBenefits Company, CompBenefits Insurance Company, CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., CompBenefits of Georgia, Inc. American Dental Plan of North Carolina, Inc.

HUMANA.
CompBenefits

what's new online...

www.mycompbenefits.com



Explore the exciting new features that make it easier for you to find information and make changes to your CompBenefits vision and dental plans.

- **Change Personal Information:** You can now access and change personal demographic information, such as your name and address, directly from your CompBenefits account.
- **Change Your DHMO Dental Provider:** To change your DHMO provider, simply follow the step-by-step instructions on the Member List page and click **SAVE**.
- **Search for a Provider:** By registering at MyCompBenefits.com, you can easily search for a Provider in your area that accepts your specific plan.
- **ID Card and Claim Forms:** You may print temporary ID Cards and request permanent ID Cards online. You may also download Claim Forms as needed.
- **Print a VisionPass Form:** If you need to see an Eye Care Professional, you may need a VisionPass form. Now you can easily and quickly create and print one online.
- **Check the Status of a Claim:** It's easy to check your claim status. Simply select the family member who received services and enter the time period to obtain a list of claims. From the list, click on the **View** option to see details on how the claim was paid.
- **Ask Questions about a Claim:** We're here to answer any questions you may have. From the claims detail screen, click **Claims Question**. You'll receive a response within one business day.

How to Register Online: It's fast and simple!

Step #1: Go to *www.mycompbenefits.com*.

Step #2: Select **Click here to Register Now!**

Step #3: Type the requested information on the PIN Registration page and click **Next**.

Step #4: In the next page, enter your Member ID number.

Step #5: Enter your demographic information as it appears on your enrollment form or as indicated on your ID card. Click **Submit**.

HUMA
Cor

*Member Access to Online Services
24 Hours a Day, 7 Days a Week*

But your sight can begin to deteriorate over a long period of time without your knowing there is a problem.

As with any other important asset – like your home or car – wouldn't you feel more at ease if you knew your routine eye care was covered by a company with decades experience helping people like you? With CompBenefits' VisionCare eyeglasses or contacts.

You can also choose to take advantage of VisionCare Plan's deep discount for LASIK surgery.

And you won't have to hunt hard to find a doctor close to your home or work. The VisionCare Plan network includes some 14,000 ophthalmologist and optometrist locations – one third of all private practitioners in the country. Yet, it doesn't mean you can't see an out-of-network doctor because VisionCare Plan offers benefits in-network or out-of-network. It's your choice.

*You'll find what you need
@ www.mycompbenefits.com*

CompBenefits has made understanding and accessing your VisionCare Plan benefits simple. Just take a few moments to register at www.mycompbenefits.com.



*No claims to file!
Just show your
VisionCare Plan
ID card*

Northwest Florida State College

Open your eyes to high-quality vision care! The average family spends close to **\$600 each year** on routine eye health care. Using CompBenefits' VisionCare Plan, you will receive your routine eye health care with just a small copayment.

CompBenefits' VisionCare Plan provides benefits for covered:

- > Eye health examinations
- > Frames
- > Eyeglass Lenses
- > Contact Lenses

Plus you will receive:

- > LASIK surgery discount
- > Preferred member pricing for other frame and lens options*

When ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- > A **20% discount** on a second pair of eyeglasses
- > A **15% discount** on your contact lens fitting fee

MONTHLY RATES

Employee only: \$ 7.28
Employee + family: \$19.46

SERVICE FREQUENCY

Vision exam: Once every 12 months
Lenses: Once every 12 months
Frame: Once every 12 months

COPAYMENTS

Exam: \$10
Materials: \$35

SAVINGS! SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an **example** of how the plan helps you save over the course of a year:

If You Get:	You Pay:	
	VisionCare Doctor	Typical Retail
Eye exam	.00	\$ 85.00
Frame (designer style)	.00	120.00
Lenses: Bifocal	.00	100.00
Option (pink tint #1 or #2)	.00	15.00
Co-payments: \$10 exam/\$35 materials	\$ 45.00	.00
Premium (\$7.28 monthly x 12)	+87.36	.00
	132.36	\$ 320.00
Pre-tax savings (assuming 15% tax bracket & 7.65% FICA)	- 19.79	+ .00
Total Cost	\$112.57	\$ 320.00



YOUR TOTAL SAVINGS THROUGH VISIONCARE: 65% OFF RETAIL

In this example, you would have saved **\$207.43** in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

* This is not a schedule of maximum benefits. For example, the plan covers frames based on the manufacturer's *wholesale* price guide. So while the retail price of a covered frame may vary among plan doctors, the *value* of your covered frame stays the same. Typically, the wholesale frame allowance is equivalent to a retail price of \$80-150. You may be required to pay extra only if you choose a frame that exceeds the covered wholesale price.

Maximum Allowances	Participating Doctor (After copayments/ Up to plan limits)
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Eye Exam	Paid in full
Lenses (per pair)	
Single	Paid in full
Bifocal	Paid in full
Trifocal	Paid in full
Lenticular	Paid in full
Contact Lenses	
Elective (exam & lenses)	\$100*
Medically necessary**	Paid in full
Frame	\$33 wholesale
Lasik***	
Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:	
<ul style="list-style-type: none"> • Silver Package: \$895/eye for Conventional LASIK • Gold Package: \$1,295/eye for CustomLASIK • Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology). 	
Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.	

* This allowance is paid with the same frequency as lenses, in place of all other benefits.

** Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

*** Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference your certificate of coverage.

Out-of-network benefits apply under the VisionCare Plan, but benefits are higher when a participating doctor is utilized.

Limitations and Exclusions apply.

HOW DOES VISIONCARE PLAN WORK?

You can choose a network provider at www.mycompbenefits.com. Depending on your plan, either you or your doctor will download a VisionPass Form from www.compbenefits.com. You must use the form in the time specified for services*. Visit your doctor, who will provide you with a comprehensive eye exam and order prescribed eyeglasses or contacts, if necessary.

Pay any copayments as well as any additional expenses for cosmetic items you have chosen. That's the end of your "paperwork". CompBenefits pays the doctor directly for his or her professional services. It's as easy as that!

* If you do not use your form in the time specified for services, you won't be able to download another until the next time you are eligible for benefits. However, you can request an extension from our Member Services team at 800-865-3676.

CAN I GET CONTACTS INSTEAD OF LENSES?

Yes. If you prefer contact lenses, the plan provides an allowance of **\$100.00** in place of all other benefits.

HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Member Services Department with any questions or concerns at: 1-800-865-3676, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST. or locate us on the web at www.mycompbenefits.com.

frequently asked questions

Q. *What are CompBenefits' VisionCare Plans?*

- A.** CompBenefits' VisionCare Plans are network-based vision plans that emphasize high quality routine eye health care from independent eye care professionals. Services and materials are provided on a pre-paid basis, and the plans pay network doctors directly. VisionCare Plan members can also use non-network doctors if they wish.

Q. *How does VisionCare Plan work?*

- A.** Members simply select any in-network optometrist or ophthalmologist and make their appointments. At the time of the appointment, members pay only their co-payments and for any extra cosmetic option selected. There are no forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, they pay their doctor at the time of the visit and submit receipts to CompBenefits for reimbursement. Benefits are paid according to a reimbursement schedule.

Q. *Are there any limitations to my vision benefit?*

- A.** Yes, there are a few. Oversized lenses, when prescribed, may be covered only when patient's face shape indicates they are necessary. Blended and progressive lenses are not normally required for visual welfare and are generally excluded. Elective or cosmetic items such as photochromic lenses, fashion color-coated lenses and sun lenses are not normally covered.

Q. *Does VisionCare Plan exclude anything?*

- A.** Yes, some items and services are excluded.
- Orthoptics or vision training, subnormal vision aids or plano (non-prescription) lenses
 - Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
 - Medical or surgical treatment of the eyes
 - Care provided through or required by any government agency or program, including Workers' Compensation or similar law

Q. *What do I need to access my benefits?*

- A.** It's simple. Just take your VisionCare Plan ID card to your eye doctor, and he or she will file your claim for you.

Q. *Can I go online to find out more about my plan or get assistance?*

- A.** Yes. You can visit www.mycompbenefits.com to learn about your plan, to check your benefits, to use Provider Locator, to send us an e-mail and more.

Benefits Enrollment Form

Group Name: Northwest Florida State College

Please complete the following information:					
Social Security No.	Last Name	First	Middle	Date of Birth	
Home Address		Home Phone		Gender	
City	State	ZIP Code	Business Phone		
List All Your Eligible Dependents That Are To Be Covered					
	First	MI	Last	Sex	Birth Date
Spouse:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Child:				M <input type="checkbox"/> F <input type="checkbox"/>	/ /
Effective Date	Plan Code	Group Number VS3134	Your E-mail Address	Agent Code	

PLEASE CHECK YOUR CHOICE	<input type="checkbox"/> Vision Plan Group# VS3134
Monthly Rates	
Employee Only	<input type="checkbox"/> \$7.28
Employee + Family	<input type="checkbox"/> \$19.46

I wish to enroll in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Signature: **X** _____ Date: _____

Vision Member Services

800-865-3676

Humana, Inc.
100 Mansell Court East
Suite 400
Roswell, GA 30076
770 552 7101
800 633 1262
www.compbenefits.com

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