

Spectera Comprehensive Vision Plan

FCPS offers an affordable, quality comprehensive vision plan through Spectera.

What You Need To Know

You will have the Spectera Vision Plan for yourself and any dependents that you cover on your FCPS medical plan whether the plan is with CareFirst or Kaiser. Spectera is a national vision program—you have access to in-network benefits when you are out of the area; therefore this plan provides access to in-network benefits for dependent students away at school and retirees who leave the area after retirement.

The plan includes a comprehensive eye exam once every 12 months, eyeglass lenses once every 12 months, and eyeglass frames once every 24 months. You may choose contact lenses in lieu of eyeglasses (lenses and frame) once every 12 months. Services will be measured from your last date of service; this benefit is not based on a calendar year.

You may receive care from any in-network or out-of-network eyecare provider in the country. You will pay less when you use an in-network provider. You pay more when you receive care from an out-of-network provider. A \$15 co-payment is required at the time of service when you seek an eye exam from an In-network provider. There is no copay for materials (standard eyeglasses, or covered contact lenses in lieu of eyeglasses). If you choose lens options not covered by the program, such as, but not limited to progressive lenses, high index, tints, UV, and anti-reflective coating, you may be able to purchase these options at a discount.

Spectera does not issue ID cards. When making your appointment with an in-network provider, simply identify yourself as having Spectera coverage, give either your employee identification number or the social security number of the employee, and other information that will be requested, such as name, date of birth, etc. Your provider will confirm coverage before your appointment. The in-network provider will itemize any non-covered charges which you will pay for at the time of service. Spectera will pay the provider directly for covered services and materials. You are responsible for paying the provider any applicable copays and additional costs resulting from non-covered services and materials you have selected.

If you see an out-of-network provider to obtain services and/or materials, you must pay the provider the full amount of the bill and request a copy of the bill that shows the amount of the eye examination, lens type, and frame. You do not need a claim form. You will need to send the itemized bill to Spectera at PO Box 30978, Salt Lake City, UT 84130. The following information must also be included with the documentation:

- Employee/retiree's name and address;
- Employee/retiree's social security number
- Employee/retiree's employer name; and
- Patient's name, date of birth, and relationship to employee/retiree.

Covered Benefits

Eye Examination	Once every 12 months (from your last day of service)
Spectacle lenses	Once every 12 months (from your last day of service)
Frames	Once every 24 months (from your last day of service)

Spectera covers in-full, standard single, lined bifocal, or lined trifocal lenses, when received from an in-network provider. Spectera fully covers a wide selection of frames, but not all frames sold at a provider's office will be covered in full. If you select a frame that exceeds the plan's allowance, you will be responsible for the balance of the cost of that frame. Please consult your in-network provider about lens options, which may be cosmetic in nature, and may result in additional charges.

Elective or necessary contact lenses may be obtained instead of glasses. Spectera covers a wide variety of contact lenses, which are covered in full when obtained from an in-network provider. If you elect contact lenses outside of Spectera's covered selection, you will receive an allowance of \$105 toward the usual retail cost of the dispensing, fitting, and materials. Any amount over the allowance is the participant's responsibility.

The frequency for contacts is the same as spectacle lenses. If you elect contact lenses, you will be eligible for a frame 12 months after the last date of obtaining contact lenses.

Necessary contact lenses are covered in full when prescribed by an in-network provider for one of the following conditions:

- Following cataract surgery,
- To correct extreme vision problems that cannot be corrected with spectacle lenses,
- With certain conditions of anisometropia; or
- With certain conditions of keratoconus.

Your Spectera Vision Plan

	In-Network ¹	Out-of-Network Reimbursement ²
Eye Exam	Covered-in-full after \$15 copay	Up to \$40
Eyeglass lenses <ul style="list-style-type: none"> • Standard single vision • Standard lined bifocal • Standard lined trifocal • Standard lenticular 	Covered-in-full	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Lens Options	Standard scratch-resistant coating and polycarbonate lenses are covered-in-full. Lens options not covered by the plan, such as progressive lenses, high index, tints, UV, and anti-reflective coating, may be available at a discount.	No options covered, no discounts apply
Frames ³	Covered-in-full	Up to \$45
Elective Contact Lenses ⁴ <ul style="list-style-type: none"> • Covered-in-full contacts • All other elective contacts 	Covered-in-full Up to \$105 allowance	Up to \$105 Up to \$105
Necessary Contact Lenses ⁵	Covered-in-full	Up to \$210

1. Network Benefits—This plan includes a \$15 exam copay, and no copay for eyeglasses or contact lenses. The exam copay and costs for any additional patient options not covered by the plan are payable to the network provider by the plan participant.
2. Out-of-Network Benefits—The plan participant pays full fee to the provider and Spectera reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles.
3. Frame Benefit— Receive a \$130 frame allowance at retail chain providers or a \$50 wholesale frame allowance (approximate retail value of \$120 to \$150) at private practice providers. For any selected frame that cost the private practice provider more than \$50 wholesale, the participant will only pay the difference between the greater cost the provider paid and the \$50 allowance.
4. **Contact lenses are provided in lieu of eyeglasses (lenses and frame). Spectera's contact lens benefit covers in-full the fitting/evaluation fees, contact lenses (including standard disposables), and up to two follow-up visits from an In-Network provider. A \$105 allowance for both In-Network and Out-of-Network providers is applied toward the fitting/evaluation fees and purchase of contacts outside of Spectera's covered-in-full contacts. Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full selection.**
5. Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.

Exclusions

The following are not covered:

- Post cataract lenses
- Non-prescription items
- Medical or surgical treatment for eye disease that requires the services of a physician

- Worker's Compensation services or materials
- Services or materials that the patient, without cost, obtains from any governmental organization or program
- Services or materials that are not specifically covered by the plan
- Replacement or repair of lenses and/or frames that have been lost or broken
- Cosmetic extras, except for scratch-guard

To Find a Network Provider

1. Go to www.spectera.com.
2. You may call Spectera's Customer Service at 800-638-3120 or TDD 1-800-524-3157 for the hearing impaired.

Laser Eye Surgery

Spectera has partnered with The Laser Vision Network of America to provide our members with access to discounted laser eye surgery procedures.

When You Need Quick Answers for Vision Questions

You can visit www.spectera.com or call Spectera's Customer Service at 1-800-638-3120 or TDD 1-800-524-3157 for the hearing impaired to:

- Ask questions about services and costs
- Clarify any questions about your benefits
- Obtain information about providers