Vision Care and Materials Rider

This rider includes covered services for expanded vision care services in lieu of preventive vision care benefits.

EyeMed Vision Services administers this benefit for vision care services and materials. Each covered person is eligible to receive a routine eye examination, refraction, lenses and frames, or contact lenses once every 12 months from an EyeMed network provider at no cost.

Contact lenses examinations require the member to pay the contact lenses examination cost. Lenses (single, vision, bifocal, trifocal) are covered in full. Frames are covered in full up to \$100 retail. Contact lenses (in lieu of glasses) are also covered in full up to \$100 retail.

If an eye examination is received from an Out-of-Network provider, the member will be responsible for paying the provider in full at the time services are rendered. For covered services, members will be reimbursed according to the Out-of-Network benefit on the Face Sheet.

Copayments or Coinsurance for covered services under this rider are not applied toward any Plan out-of-pocket maximum amount and must continue to be paid after the maximum is met.

To receive covered services

- Select a participating EyeMed Vision Services network provider from the Plan's provider directory or by calling EyeMed at 1-888-610-2268. Automated location information is available 24 hours a day. Customer service representatives are available Monday through Friday 9 a.m. - 9 p.m., and Saturday 9 a.m. - 5 p.m.
- Visit or call the participating provider and identify yourself as a member by providing your Member ID
 information. The provider will verify eligibility, your Plan's covered services and any applicable Copayment or
 Coinsurance. Payment is due when you receive services.
- If the vision provider determines that you need additional medical care you should contact your Plan physician.

Additional Information

Current members with questions regarding benefits should call Member Services at the number on the back of their member ID card. If considering enrolling for the first time and you have questions, please consult with the group's Benefits Administrator.

Preventive Vision Discount Fee Schedule

A Defined Materials Discount

Vision Care Services	Member Cost					
Complete Pair of Glasses Purchased*: Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.						
Standard Plastic Lenses:						
Single Vision Bifocal	\$ 50 \$ 70					
Trifocal	\$105					
Frames: Any frame available at provider location	40 percent discount off retail price					
Lens Options:						
UV Coating	\$15					
Tint (solid and gradient)	\$15					
Standard Scratch-Resistance	\$15					
Standard Polycarbonate	\$40					
Standard Progressive (add-on to bifocal)	\$65					
Standard Anti-Reflective Coating	\$45					
Other Add-ons and Services	20 percent discount					
Contact Lens Materials:						
(Discount applied to materials only)						
Disposable	No discount on disposable					
Conventional	15 percent discount off retail price					
Laser Vision Correction:						
Lasik or PRK	15 percent discount off retail price or 5 percent discount off promotional price					

^{*}Items purchased separately will be discounted 20 percent off the retail price.

These discounts apply for all Optima Health members and do not, in any way, affect your premium, nor are they covered benefits under your health plan.

These discounts cannot be used in conjunction with any other discount, rider, or benefit; and you will be responsible for applicable taxes.

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Health Plan underwrites HMO and Point of Services products. Optima Health Insurance Company underwrites Preferred Provider Organization products. Self-funded health benefit plans are administered by Sentara Health Plans, Inc.



Out-Of-Network Claim Form

Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider. You only need to complete this form if you are visiting a provider that is not a participating provider on the EyeMed network. Not all plans have out-of-network benefits, so please consult your member benefits information to ensure coverage of services and/or materials from non-participating providers.

If you choose an out-of-network provider, please complete the following steps prior to submitting the claim form to EyeMed. Any missing or incomplete information may result in delay of payment or the form being returned. Please complete and send this form to EyeMed within 1 year from the original date of service at the out-of-network provider's office.

- 1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
- 2. Please complete all sections of this form to ensure proper benefit allocation. Plan information may be found on your benefit ID Card, or via your human resources department.
- 3. EyeMed will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider's letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
- 4. Please include a copy of your Explanation of Benefits if submitting for a Secondary Insurance Benefit.
- 5. If the reimbursement is to be sent to someone other than the primary subscriber, a copy of a cancelled check or credit card receipt (in addition to the paid itemized receipt) must be included. A copy of a receipt showing payment in cash is also acceptable.

Date of Serv	rice://						
Patient Information:Last Name:First N		t Name:		MI:	MI:		
Street Addre	ess:						
					Zip:	Zip:	
Phone:							
<i>Plan Inform</i> Subscriber N Last:		First			MI:		
Plan Name:							
	D:						
Request For .	Reimbursement -	-Please Enter Ai	nount Charged.	Remember	to include iten	mized paid receipts:	,
Exam:	Frames:	Lenses:				low-up, please sub	
\$	\$	\$	\$	all con	tact related c	harges at the same	time)
If lenses wer	e purchased, plo	ease circle type			Trifocal	Progressive	
services for which		nereby authorize any in	nsurance company, or	rganization emplo	yer, ophthalmologi	ed reimbursement for subm st, optometrist, and opticia ect.	
Member/Guard	lian/Patient Signatu	ıre (not a minor) _			Date:		
To Fax: 866-2	93-7373 To 1	Email Form and R	eceipts: oonclaim	s@eyemedvisi	oncare.com		
To Mail:	EyeMed Vision P.O. Box 8504	Care Attn: OON	l Claims				

Mason, OH 45040-7111



Fraud Warning Statements

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Department of Insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kansas: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application or claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is found guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in § 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or false claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Professional Providers Near You

Not all providers offer all services. Discounts on non-covered services, like the additional pair discount, may not be available in all states. When making your appointment, please confirm all discounts and services are offered.

HAMPTON ROADS EYE ASSOCIATES 👀 🗉 🕵

12420 WARWICK BLVDBLD 1 STE D NEWPORT NEWS, VA 23606 (757)596-3806 0.7 Miles

LENSCRAFTERS 🐽 🗉 🗐

PATRICK HENRY MALL 12300 JEFFERSON AVESTE D 14 NEWPORT NEWS, VA 23602 (757)249-3091 2.2 Miles

JAMES RIVER EYE PHYSICIANS PC 👓 🗉 🗐

704 THIMBLE SHOALS BLVDSTE 100 NEWPORT NEWS, VA 23606 (757)595-8404 1.3 Miles

JCPENNEY OPTICAL 👀 🗉 [\$]

12300 JEFFERSON AVESTE 500 NEWPORT NEWS, VA 23602 (757)249-0281 2.2 Miles

HAMPTON ROADS EYE ASSOCIATES 👀 🗉 💲

11800 ROCK LANDING DR NEWPORT NEWS, VA 23606 (757)875-7875 2.0 Miles

PEARLE VISION 👓 🗉 💲

DENBIGH CROSSING S/C 12733 JEFFERSON AVE NEWPORT NEWS, VA 23602 (757)872-7655 4.1 Miles

NATIONAL OPTOMETRY ••• E [\$]

12300 JEFFERSON AVESTE 109 NEWPORT NEWS, VA 23602 (757)249-4330 2.2 Miles

LENSCRAFTERS 👓 🗉 [\$]

4700 KILGORE AVE HAMPTON, VA 23666 (757)825-3044 5.1 Miles

WILLIAM R WALDRON OD 👀 🗉 🗐

1215 GEORGE WASHINGTON MEM HWYSTE V YORKTOWN, VA 23693 (757)596-5666 2.7 Miles

SEARS OPTICAL ••• [\$]

NEWMARKET FAIR MALL 100 NEW MARKET NORTH NEWPORT NEWS, VA 23605 (757)825-3147 5.4 Miles

THE VISION CENTER IN WAL-MART 👀 🗉 💲

12401 JEFFERSON AVE NEWPORT NEWS, VA 23602 (757)877-0366 3.0 Miles

PEARLE VISION 👓 🗉 🗐

MIDTOWN SHOPPING CENTER
128 E LITTLE CREEK RD
NORFOLK, VA 23505
(757)480-1134
16.8 Miles

DR ELINA S BLAHA AND ASSOC OD **○○ E ...**

303 MAIN ST **NEWPORT NEWS, VA 23601** (757)988-8903 3.7 Miles

RIVERSIDE PHYSICIANS SERVICES ••• E ...

4032 CAMPBELL RDSTE B **NEWPORT NEWS, VA 23602** (757)877-3956 3.7 Miles

LUXUR-EYES OPTOMETRIC CENTER 👀 🗉 🕵

1134 BIG BETHAL RD HAMPTON, VA 23666 (757)827-6612 4.1 Miles

CLEAR VISION OPT 👀 🗉 💲

422 ORIANA RD **NEWPORT NEWS, VA 23608** (757)875-0675 4.2 Miles

EYE PHYSICIAN AND SURGEON 👀 🗉 🗐

12690 MCMANUS BLVD **NEWPORT NEWS, VA 23602** (757)875-7700 4.4 Miles

DR PETER GUHL PLC & ASSOCIATES OO E SEARS OPTICAL OO E

4102 GEORGE WASHINGTON MEM HWY GRAFTON, VA 23692 (757)890-2020 4.9 Miles

LENSCRAFTERS 👀 🗉 🕵

CHESAPEAKE SQUARE 4200 PORTSMOUTH BLVDSTE 49 CHESAPEAKE, VA 23321 (757)465-8787 18.2 Miles

SEARS OPTICAL OO (\$)

CHESAPEAKE SQUARE MALL 4200 PORTSMOUTH BLVD CHESAPEAKE, VA 23321 (757)465-4280 18.2 Miles

LENSCRAFTERS 👀 🗉 🗐

MACARTHUR CENTER 300 E MONTICELLO AVESTE 160 NORFOLK, VA 23510 (757)533-5200 19.5 Miles

PEARLE VISION OO E ...

1412 GREENBRIER PKWYSTE 108A CHESAPEAKE, VA 23320 (757)424-3135 25.5 Miles

LENSCRAFTERS OO E .

GREENBRIER MALL 1401 GREENBRIER PKWYSTE 2112 CHESAPEAKE, VA 23320 (757)420-3032 25.7 Miles

GREENBRIER MALL 1401 GREENBRIER PKWY CHESAPEAKE, VA 23320 (757)366-8568 25.7 Miles

HAMPTON ROADS EYE ASSOC **○○○ E !!**

850 ENTERPRISE PKWYSTE 1200 HAMPTON, VA 23666 (757)827-6711 5.1 Miles

ROBERT SHAPIRO OD 👀 🗉 🗐

7906 MARSHALL AVESTE B NEWPORT NEWS, VA 23605 (757)826-0197 5.3 Miles

BETTER VISION CENTER 👀 🗉 🗐

1610 C ABERDEEN RD HAMPTON, VA 23666 (757)838-3465 5.6 Miles

DR KENT B MCQUAIN OD 👀 🗉 💲

5220 GEORGE WASHINGTON HWY YORKTOWN, VA 23692 (757)898-1000 5.8 Miles

BECKER EYE CARE CENTER LLC 👀 🗉 🗐

2200 EXECUTIVE DRSTE A HAMPTON, VA 23666 (757)827-0009 5.9 Miles

PAUL SECK OD PC 📀 🖺

2115 EXECUTIVE DRSTE 7A HAMPTON, VA 23666 (757)826-5800 5.9 Miles

PEARLE VISION 👓 🗉 🗐

PEMBROKE MALL 4554 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462 (757)456-9708 25.8 Miles

SEARS OPTICAL 👀 🗉 [🗐

PEMBROKE MALL 4588 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462 (757)473-1247 25.8 Miles

LENSCRAFTERS 👀 🗉 📜

VIRGINIA BEACH 296 CONSTITUTION AVE VIRGINIA BEACH, VA 23462 (757)499-1375 25.9 Miles

PEARLE VISION OO E .

LYNNHAVEN MALL 701 LYNNHAVEN PKWY VIRGINIA BEACH, VA 23452 (757)486-4368 29.7 Miles

LENSCRAFTERS 🐽 🗉 [💲

LYNNHAVEN MALL 701 LYNNHAVEN PKWY VIRGINIA BEACH, VA 23452 (757)431-0950 29.7 Miles

JCPENNEY OPTICAL 👀 🗉 [💲

701 LYNNHAVEN PKWY VIRGINIA BEACH, VA 23452 (757)486-1440 29.7 Miles

EYE TO EYE OPTICAL 👀 📳

1 COLISEUM CROSSING HAMPTON, VA 23666 (757)826-3392 6.2 Miles

DR RP MARTIN OD 👀 🗉 🗐

2 COLISEUM CROSSING HAMPTON, VA 23666 (757)826-1798 6.2 Miles

NATIONAL OPTOMETRY 👀 🗉 🗐

2040 COLISEUM DR HAMPTON, VA 23666 (757)827-6530 6.3 Miles

PEARLE VISION 👓 🗉 🗐

MARKETPLACE AT HILLTOP 737 FIRST COLONIAL RDSTE 301 VIRGINIA BEACH, VA 23451 (757)422-4224 30.5 Miles

PEARLE VISION 👓 🗉 💲

RED MILL WALK 2201 UPTON DR#902 VIRGINIA BEACH, VA 23454 (757)430-2860 35.1 Miles

SEARS OPTICAL OO E .

SOUTH PARK MALL 114 SOUTHPARK CIR COLONIAL HEIGHTS, VA 23834 (804)524-3280 50.7 Miles

CLEAR VISION OPTOMETRY GRAFTON 👓 🗉 🥵 PEARLE VISION 👓 🗉 🕵

6515 GEORGE WASHINGTON MEM HWYSTE 102 5010 NINE MILE RD YORKTOWN, VA 23692 RICHMOND, VA 23223 (757)369-6623 (804)737-8594 57.6 Miles

JOHN H KAUFFMAN & ASSOC 👓 🗉 🗐

2157 CUNNINGHAM DR HAMPTON, VA 23666 (757)826-3937 6.5 Miles

THE VISION CENTER IN WAL-MART 👓 🗐

1900 CUNNINGHAM DR HAMPTON, VA 23666 (757)825-1181 6.9 Miles

JCPENNEY OPTICAL \infty 🗉 📳

1408 N PARAHAM RD RICHMOND, VA 23229 (804)741-3520 63.1 Miles

LENSCRAFTERS 👀 🗉 [\$]

WILLOW LAWN SHOPPING CTR 1601 WILLOW LAWN RICHMOND, VA 23230 (804)288-8938 65.1 Miles

SIGHT 2 SEE OPTOMETRY PLLC ••• E .

208 FOX HILL RD HAMPTON, VA 23669 (757)850-1640 9.5 Miles

FAMILY OPTOMETRICS OF E

1560 MALL DR NORFOLK, VA 23511 (757)440-1075 14.0 Miles

DR PETER E WILCOX OD PLC 👀 🗉 💲

2652 GEORGE WASHINGTON HWYSTE 1 HAYES, VA 23072 (804)642-9800 14.3 Miles

MELISSA J BURKLEY OD E .

6259 COLLEGE DRIVE SUFFOLK, VA 23435 (757)484-4362 14.4 Miles

ENOCHS EYE CARE PLLC 👀 🗉 🗐

3575 BRIDGE RDSTE 21 SUFFOLK, VA 23435 (757)638-2015 15.0 Miles

EASTERN EYE ASSOCIATES OO E .

3449 GEORGE WASHINGTON HWY HAYES, VA 23072 (804)642-2290 15.5 Miles

SEARS OPTICAL ••• [\$]

1400 PARHAM RICHMOND, VA 23229 (804)741-8901 65.8 Miles

PEARLE VISION OO E .

7135 STAPLES MILL RD RICHMOND, VA 23228 (804)264-5000 66.3 Miles

LENSCRAFTERS 👀 🗉 📜

VIRGINIA CENTER COMMONS 10101 BROOK RD RM 852 GLEN ALLEN, VA 23059 (804)266-9123 67.0 Miles

JCPENNEY OPTICAL 👀 🗉 [\$]

10101 BROOK RDSTE 800 GLEN ALLEN, VA 23060 (804)261-2553 67.0 Miles

SEARS OPTICAL 00 \$

VIRGINIA COMMONS MALL 10101 BROOK RD GLEN ALLEN, VA 23060 (804)553-3068 67.0 Miles

LENSCRAFTERS OO E \$

STONY POINT FASHION PARK 9200 STONEY POINT PKWYSTE 195 B RICHMOND, VA 23235 (804)272-1410 67.5 Miles

Not all providers offer all services. Please confirm the services available at the provider when making your appointment.

Always call ahead to confirm their participation in your plan, and identify yourself as an EyeMed member to ensure you receive your maximum benefits.

Eye exams are available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical and Target Optical, which do not provide eye exams. For LensCrafters, eye exams are available from optometrists employed by EYEXAM of California, a licensed vision health care service plan. For Sears Optical and Target Optical, eye exams are available from self-employed doctors who lease space inside the store.

This list does not include laser vision correction surgeons. For laser vision correction providers, please call 1-877-5LASER6 or visit www.eyemedlasik.com.