

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, and lenses, frames, and contact lenses once every 12 months from an EyeMed network provider for the Copayment of \$0, per eye examination and materials.

Contact lens examinations require the eye examination Copayment plus the difference between the contact lens examination cost and the eyeglass 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.

For eye examinations from Out-of-Network providers, members will be reimbursed \$30 for an eye examination only.

Copayments or Coinsurance for covered services under this rider are not applied toward any Plan out-of-pocket maximum 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
<i>Complete Pair of Glasses Purchased*: Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.</i>	
Standard Plastic Lenses: Single Vision Bifocal Trifocal	\$ 50 \$ 70 \$105
Frames: Any frame available at provider location	40 percent discount off retail price
Lens Options: UV Coating Tint (solid and gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive (add-on to bifocal) Standard Anti-Reflective Coating Other Add-ons and Services	\$15 \$15 \$15 \$40 \$65 \$45 20 percent discount
Contact Lens Materials: (Discount applied to materials only) Disposable Conventional	No discount on disposable 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.

If applicable, check the box for payment to be addressed to the patient in lieu of the subscriber.

By signing below, you are representing that you are legally divorced or separated and the patient is entitled to the reimbursement. If it is later determined that the patient was not entitled to the reimbursement, you agree to refund EyeMed in full.

6. Sign the claim form below.

Date of Service: ___/___/___

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Plan Information:

Subscriber Name

Last: _____ First: _____ MI: _____

Plan Name: _____

Subscriber ID: _____

Request For Reimbursement – Please Enter Amount Charged. Remember to include itemized paid receipts:			
Exam:	Frames:	Lenses:	Contact Lenses – (includes fit and follow-up, please submit all contact related charges at the same time)
\$ _____	\$ _____	\$ _____	\$ _____
If lenses were purchased, please circle type: Single Bifocal Trifocal Progressive			

I hereby understand that without prior authorization from EyeMed Vision Care LLC for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible. I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist, and optician to release any information with respect to this claim. I certify that the information furnished by me in support of this claim is true and correct.

Member/Guardian/Patient Signature (not a minor) _____ Date: _____

To Fax: 866-293-7373 To Email Form and Receipts: oonclaims@eyemedvisioncare.com

To Mail: EyeMed Vision Care Attn: OON Claims
 P.O. Box 8504
 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

Please note: Not all providers offer all services. Please confirm what services are offered with the provider when making your appointment.

HAMPTON ROADS EYE ASSOCIATES

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

LENSCRAFTERS

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

JAMES RIVER EYE PHYSICIANS PC

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

JCPENNEY OPTICAL

12300 JEFFERSON AVE STE 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

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

LENSCRAFTERS

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

N2 EYES COMPREHENSIVE

11045 WARWICK BLVD
NEWPORT NEWS, VA 23601
(757)596-4018
2.6 Miles

SEARS OPTICAL

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

WILLIAM R WALDRON OD

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

PEARLE VISION

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

THE VISION CENTER IN WAL-MART  

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

RIVERSIDE PHYSICIANS SERVICES  

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

DR ELINA S BLAHA AND ASSOC OD  

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

LENSCRAFTERS  

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

SEARS OPTICAL 

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  

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

SEARS OPTICAL  

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

LENSCRAFTERS  

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

DR PETER GUHL PLC & ASSOCIATES  

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

HAMPTON ROADS EYE ASSOC  

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

ROBERT SHAPIRO OD  

7906 MARSHALL AVE STE 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 DR STE A
HAMPTON, VA 23666
(757)827-0009
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

JCPENNEY OPTICAL  

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

PEARLE VISION  

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

PAUL SECK OD PC  

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

DR RP MARTIN OD  

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

EYE TO EYE OPTICAL 

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

NATIONAL OPTOMETRY  

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

CLEAR VISION OPTOMETRY GRAFTON  

6515 GEORGE WASHINGTON MEM HWY STE 102
YORKTOWN, VA 23692
(757)369-6623
6.5 Miles

JOHN H KAUFFMAN & ASSOC  

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

PEARLE VISION  

MARKETPLACE AT HILLTOP
737 FIRST COLONIAL RD STE 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 

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

PEARLE VISION  

5010 NINE MILE RD
RICHMOND, VA 23223
(804)737-8594
57.6 Miles

JCPENNEY OPTICAL  

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

THE VISION CENTER IN WAL-MART 

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

SEARS OPTICAL  

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

DR PETER E WILCOX OD PLC  

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

LENSCRAFTERS  

REGENCY SQUARE MALL
1404 PARHAM RDSTE N-2
RICHMOND, VA 23229
(804)740-5271
65.8 Miles

MELISSA J BURKLEY OD 

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

PEARLE VISION  

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

ENOCHS EYE CARE PLLC  

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

LENSCRAFTERS  

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

DR EARL M POLLOCK  

3282 WESTERN BRANCH BLVD
CHESAPEAKE, VA 23321
(757)484-8080
15.5 Miles

SEARS OPTICAL 

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

EASTERN EYE ASSOCIATES  

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

JCPENNEY OPTICAL  

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