



COLE MANAGED VISION

We are proud to offer the Cole Managed Vision (CMV) Plan to the employees of Town of Riverhead. Effective March 1, 2002, Cole Managed Vision replaced MetLife as your new vision benefits carrier; however, the benefits will remain the same!

Please identify yourself as a Town of Riverhead member to any participating Vision Access “A” provider to receive in-network benefits. In-network providers are able to electronically process your claim. It’s fast, it’s easy and there’s no paperwork involved! When you visit a non-network provider, simply submit a claim form to CMV to receive the out-of-network reimbursement benefits listed on the back.

HOW TO FIND A PARTICIPATING “A” PROVIDER:

CMV has agreements with the Vision Access A providers consisting of optometrists, ophthalmologists and retailers nationally who agree to accept reduced charges for their services. If you choose a non-participating provider, the plan pays according to a schedule of benefits. If you choose a Cole Managed Vision provider, that provider has agreed to accept a pre-negotiated rate for services, which is lower than rates charged by a non-participating provider. Vision Access A participating providers will accept payment the lower of their actual charge or the schedule of benefits.

You can find a provider by calling the Cole Managed Vision Member Services Department at 1-800-334-7591 or by visiting CMV’s website at www.colemanagedvision.com and entering your group number (30431).

Please note, many Ophthalmologists and Optometrists are independent practitioners and may not be employees of the location where you have the prescription filled. Before obtaining services you must always advise the provider of your coverage and should verify the provider’s in-network participation status for both the exam and materials.

Vision Benefits Summary

Town of Riverhead

	IN-NETWORK ("A" PROVIDERS) BENEFITS: These benefits reflect your TOTAL COST if you select a participating "A" provider. . (R&C = Reasonable & Customary charges)	OUT-OF-NETWORK BENEFITS: If you select a non-network provider, submit a claim form to receive the following REIMBURSEMENTS	BENEFIT FREQUENCY:
EYE EXAM (Eyeglasses):	\$10	\$30	Once Every 24 Months
EYE EXAM (Contact Lenses):	\$10	\$30	Once Every 24 Months
FRAMES: (\$40<FRAME RETAIL<\$125)	(Retail less \$40) less 33%	\$20	Once Every 24 Months
FRAMES: (FRAME RETAIL > \$125)	(Retail less \$40) less 50%	\$20	Once Every 24 Months
FRAMES			
LENSES (Standard Uncoated Plastic):			
Single Vision	\$0	\$40	Once Every 24 Months
Bifocal	\$0	\$60	Once Every 24 Months
Trifocal	\$0	\$80	Once Every 24 Months
Lenticular	\$0	R&C	Once Every 24 Months
LENS OPTIONS:	(See schedule below for benefits)		
CONTACTS:			
Daily and Extended Wear - in lieu of lenses or frames	R&C less \$45	\$45	Once Every 24 Months
Medically Necessary - in lieu of lenses or frames	R&C less \$150	\$150	Once Every 24 Months

SPECIAL INSTRUCTIONS: 1) For Standard Contact Lenses. Includes the contact lens exam and a three month period to a maximum of three contact lens related office visits. (2) A second visit to an Ophthalmologist within 60 days of the initial exam allowed (3) Provider will offer a 20% discount from normal retail value on Standard Contact lenses (does not include special RGP, toric, or other lens types for the correction of astigmatism, tinted or painted.) Provider will offer a 10% discount from normal retail value for Disposable Contact lenses=any lenses of recommended use for less than one month. (4) For frames over \$90.00 but under \$125.00, the difference between the retail price and \$40 will be discounted by 33% and maybe collected from the member. (5) For frames over \$125.00, the difference between the retail price and \$40 will be discounted by 50% and maybe collected from the member. (6) In excess of frequency limit allowed if Rx change of at least 20 degrees axis .50 diopter sphere or cylinder change that improves visual acuity by at least one line on the standard chart.

MAXIMUM CHARGES FOR NON-COVERED ADDITIVES AND LENS TYPES:

The plan establishes maximum charges for the following additives and lens types that the participating provider may collect from the member when provided.

ADD-ONS AND LENS TYPES	Single	Bifocal	Trifocal	ADD-ONS AND LENS TYPES	Single	Bifocal	Trifocal
Anti-reflective	\$55	\$55	\$55	Polaroid	\$25	\$40	\$40
Blended	\$40	\$40	\$40	Polycarbonate	\$30	\$30	\$30
Edge Polish/Coating	\$10	\$10	\$10	Prism ground/press-on	\$10/ \$20	\$10/ \$20	\$10/ \$20
Gradient Tint	\$12	\$12	\$12	Progressive	\$65	\$65	\$65
Hi-Index	\$50	\$60	\$70	Scratch Coating	\$20	\$20	\$20
Oversize	\$10	\$10	\$10	Solid Tints	\$10	\$10	\$10
Photochromatic	\$20	\$25	\$25	UV Coating	\$20	\$20	\$20

MAIL ORDER CONTACT LENS REPLACEMENT PROGRAM:

The Contacts Direct™ Program offers you and your family members a convenient and economic alternative when purchasing contact lenses. With Contacts Direct™, you can buy the exact brand name contact lenses your doctor prescribes, via the telephone! Call **1-800-987-5367** and a representative will assist you with pricing and ordering.

HOW THE PLAN PAYS OUT OF NETWORK BENEFITS:

As always, you have the option to visit the provider of your choice. When non-participating providers are utilized the plan benefit will be paid to the employee. The patient is responsible for the payment of the provider's actual charges. In each case, the reimbursement for covered expenses will be up to the amount indicated in the schedule of benefits. To receive your reimbursement, send a completed Cole Managed Vision claim form and a receipt for your services to: **Cole Managed Vision, Attn: Claims Department, 1925 Enterprise Parkway, Twinsburg OH 44087**. You can obtain claim forms by calling the CMV Member Service Department at **1-800-334-7591** beginning January 1, 2002.

