

# COMMUNITY EYE CARE (CEC) Vision Insurance Plan

High  
Vision

This is an outline of Vision Insurance Coverage underwritten by Companion Life Insurance Company.

Administered by  
Community Eye Care

Rates Effective: 01/01/22



## \$175 Allowance

Community Eye Care (CEC) Vision Insurance Plans offer insureds the ability to choose any eye care provider. CEC manages customer service and claims.

Your CEC Vision Insurance plan includes:

- An eye exam once a year (\$20 co-pay)
- An annual allowance for eyewear (\$0 co-pay)
- A contact lens fitting once a year (\$0 co-pay)

### Eyewear Allowance

Insureds can apply their allowance to any items sold in an optical shop, including:

- Frames
- Single-vision lenses
- Standard bifocal lenses
- No-line bifocals
- Trifocals
- Progressive lenses
- Disposable contact lenses
- Gas-permeable contact lenses
- Toric contact lenses
- Contact lens solution
- Prescription sunglasses
- Polycarbonate (shatterproof lenses)
- Non-prescription sunglasses
- UV protection
- High-index lenses
- Photochromatic lenses (transitions)
- Scratch-resistant coating
- Anti-reflective coating
- Tints
- Oversize lenses
- Polaroid lenses
- Faceted lenses
- Polished beveled lenses
- Prisms

### Continuation of Coverage

An Insured whose employment with the Policyholder is terminated may have the option to continue Vision Insurance coverage for themselves and for any enrolled Dependents. Insureds who opt to continue coverage may do so with no increase in premium rates and no time limit.

Monthly Rates		
Employee Only	Employee plus One	Employee plus Family
\$ 8.25	\$ 16.09	\$ 24.34

Rates are guaranteed for 12 months

*Disclaimer: This is a summary of benefits only. Please refer to the policy for benefit details.  
Payment is based upon allowable charges in the area in which the service is rendered.*

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance Issued to each insured individual and the Master Policy as Issued to the policyholder.



P.O. Box 100102 | Columbia, SC 29202-3102  
800-753-0404 | 800-836-5433 fax  
CompanionLife.com

These benefits are provided by Policy Form No. CL-VIS-1000-P-NC.

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## Vision Insurance Limitations and Exclusions

### Limitations

Oversized Lenses are not a covered benefit. An Insured Individual requesting these lenses will be required to pay the difference in charges.

### Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, sub-normal vision aids, and any associated supplemental testing
2. aniseikonia lenses;
3. medical and/or surgical treatment of the eye, eyes or supporting structure;
4. corrected eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan;
5. services provided according to a final adjudication of the claim under Worker's Compensation, Article 1 of Chapter 97 of the General Statutes or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article;
6. plain non-prescription lenses and non-prescription sunglasses (except for 20% discount);
7. services or materials provided by any other group benefit providing for vision care;
8. two pair of glasses in lieu of bifocals.

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