



# Vision Plan



All standard lenses are covered.

## OPEN NETWORK

Exam	\$10 Copay
Frequency	Each Plan Year*
Frames	Covered 100% after \$25 copay
Single/Bifocal/Trifocal/Lenticular	
Progressive Lenses	Standard covered after \$25 copay
Frequency	Each Plan Year*
Frames or Contact Lenses	\$130 Allowance \$60 copay for fit & follow-up exam
Frequency	Each Plan Year*

\*Plan Year is defined as July 1 - June 30



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# Vision Plan Information

**Below you will find information to assist you with your Vision coverage questions:**

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## VISION ID

Your attached HealthComp ID is used for Vision. Your Member ID# is on your ID card and is used to verify coverage. Social Security Numbers are NOT given to HealthComp and they are not used to verify your coverage.

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## VISION DOCTORS OR PROVIDERS

There is no list of providers since you can see any vision provider. To search for a provider, you can use Google search on the internet or on your phone.

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## MY VISION PROVIDER WILL NOT ACCEPT MY HEALTHCOMP COVERAGE

Some providers will not recognize HealthComp coverage. Please ask the Vision provider to call HealthComp at 800-523-0582 to verify Vision benefits.

If the Provider does not accept your vision benefit coverage and you pay for your expenses in full, you may submit a claim through the HealthComp portal by uploading your receipt. You can track your claim on the HealthComp portal (Member ID# is needed to Register on the portal)

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## HAVE QUESTIONS OR NEED ASSISTANCE?

**For HealthComp Medical, Dental, Vision coverage questions, call 800.843.3831**

