



## Vision Benefits Summary

## Cape Fear Public Utility Authority



### A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

### Plan Features



#### Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



#### Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



#### Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit [cecvision.com/search](https://cecvision.com/search) to find an in-network provider near you.



#### Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



#### Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

[cecvision.com/members/login](https://cecvision.com/members/login)



#### Prefer to Shop Online?

**Eyeconic** offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

[cecvision.com/members/special-offers/eyeconic](https://cecvision.com/members/special-offers/eyeconic)

## Your CEC Vision Benefits Summary

**Company:** Cape Fear Public Utility Authority

**CEC Coverage Effective Date:** 01/01/2025



### 130 PLAN

**Frequency:** All benefits renew every 12 months.

| BENEFIT              | DESCRIPTION                                                                                                                                                 | COPAY | OUT-OF-NETWORK REIMBURSEMENT                     | MONTHLY RATES         |                |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------|-----------------------|----------------|
| Exam                 | An annual routine eye exam.                                                                                                                                 | \$10  | 100% minus the copay                             | Employee Only         | <b>\$4.73</b>  |
| Retinal Screening    | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.       | \$39  | None                                             | Employee + Spouse     | <b>\$12.18</b> |
| Eyewear              | An annual <b>\$130</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25  | Up to 100% of flexible allowance minus the copay | Employee + Child(ren) | <b>\$11.76</b> |
| Contact Lens Fitting | An annual fitting or evaluation.                                                                                                                            | \$25  | 100% minus the copay                             | Employee + Family     | <b>\$17.75</b> |

### 200 PLAN

**Frequency:** All benefits renew every 12 months.

| BENEFIT              | DESCRIPTION                                                                                                                                                 | COPAY | OUT-OF-NETWORK REIMBURSEMENT                     | MONTHLY RATES         |                |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------|-----------------------|----------------|
| Exam                 | An annual routine eye exam.                                                                                                                                 | \$10  | 100% minus the copay                             | Employee Only         | <b>\$8.11</b>  |
| Retinal Screening    | An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.       | \$39  | None                                             | Employee + Spouse     | <b>\$16.21</b> |
| Eyewear              | An annual <b>\$200</b> flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages. | \$25  | Up to 100% of flexible allowance minus the copay | Employee + Child(ren) | <b>\$17.02</b> |
| Contact Lens Fitting | An annual fitting or evaluation.                                                                                                                            | \$25  | 100% minus the copay                             | Employee + Family     | <b>\$23.91</b> |

| ADDITIONAL SAVINGS                 |                                                                                                                                                                                             |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional Pairs of Glasses</b> | Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.                  |
| <b>LASIK Discounts</b>             | Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.                                |
| <b>Special Offers</b>              | A variety of special offers are available to CEC members. Visit <a href="https://cecvision.com/members/special-offers">cecvision.com/members/special-offers</a> for additional information! |

Benefits may vary by location.  
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## Questions about your benefits?

Visit us online at **[cecvision.com](https://cecvision.com)** or call **888-254-4290**.