

## Community Eye Care OUT OF NETWORK Reimbursement Summary

For out-of-network services, members will be reimbursed at rates that mirror what Community Eye Care pays its providers.

Routine Eye Exams	<b>Reimbursement up to \$61</b>
<p>Glasses (frames and/or lenses)  <b>70% of Retail Price up to a maximum reimbursement of \$210</b></p> <p><b>OR</b></p> <p>Contact Lenses  <b>85% of Retail Price up to a maximum reimbursement of \$255</b></p>	
<p><b>PLEASE NOTE THAT REIMBURSEMENT FOR OUT OF NETWORK CLAIMS is only available for Glasses (frames and/or lenses) OR Contacts as noted above. If glasses (frames and/or lenses) and contacts are purchased together, reimbursement will be made on the glasses only if the maximum benefit amount has been reached.</b></p>	
Contact Lens Fittings	<b>Reimbursement up to \$35</b>

When a member sees an out-of-network provider, the member pays the provider's full charges at the time of service, then submits a claim form and a receipt to Community Eye Care for reimbursement.