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BENEFITS BULLETIN

UNDERSTANDING YOUR VISION COVERAGE

WHEN DOES VISION COVERAGE START?

The effective date of vision coverage for newly hired City of Chicago employees is the same as their medical plan effective date: the first day of the month following the date of hire, provided all eligibility and enrollment guidelines have been met.

This means that acceptable forms and certified documents (if family members are being added) must be submitted to the Benefits Management Division within required timeframes.

Visit our website www.cityofchicago.org/benefits for guidelines regarding on-line enrollment and eligibility requirements.

Important New Hire Reminders: All newly hired employees are required to participate in the PPO plan for the first eighteen (18) months of their employment. These employees are eligible to participate in the first open enrollment period following the eighteen (18) month anniversary of their dates of hire.

Dental coverage for new hires begins one year after the effective date of medical coverage provided the employee has worked a continuous year of service.

WHAT ARE THE VISION PLAN CHOICES?

The City of Chicago provides three vision benefit plan options for eligible employees. **Your vision plan is determined by your medical plan enrollment.**

Davis Vision is your vision plan if you have either the PPO medical plan or the Blue Edge HCA medical plan. **UniView Vision** is the plan for UniCare Performance HMO members and **Eye Med Vision** is the plan for Blue Advantage HMO members.

WHEN CAN I CHANGE MY VISION PLAN?

Plan changes are only allowed during the annual medical and dental open enrollment period.

Important Reminder: You must also switch to the corresponding medical plan (as previously explained), if you want to change your vision plan during the open enrollment period.

The effective date of all plan changes after an open enrollment is usually January 1st of the following year.

IS THERE A VISION CARD SENT TO ME?

There is no separate vision identification card issued for any of the vision plans. All you need is your medical plan ID card.

Make sure you present your medical card every time you seek vision care services because your member number (located on the card) will always be needed. It is best to memorize your member number in case you lose your card or if you don't have it handy

CAN DAVIS VISION EXPENSES BE DEDUCTED FROM THE WELLNESS BENEFIT OF THE PPO MEDICAL PLAN?

Effective January 1, 2007, the wellness benefit changed under both the PPO and the Blue Edge HCA medical plans. Davis Vision is now a stand alone plan with enhanced benefits including reduced member payments. Vision expenses **cannot** be deducted from the \$600 wellness medical plan benefit.

SEE REVERSE SIDE

WHAT ARE MY VISION CARE BENEFITS?

Davis Vision Members: There is no out-of-pocket cost for a routine eye examination once every 12 months if you obtain services from an in-network provider. You also receive one pair of eyeglass frames and spectacle lenses (if required) for no additional cost if you choose from an extensive selection of frames known as the Davis Vision “Collection.” Contact lenses may be selected in lieu of eyeglasses.

EyeMed Vision Members: A routine eye examination once every 12 months is covered after you pay \$20. You pay discounted costs for spectacle lenses, frames and contact lenses.

There must be at least one full year between examinations for EyeMed Vision and Davis Vision members.

UniView Vision Members: A routine eye examination once every 24 months is covered after you pay \$20. Materials are also available once every 24 months. Spectacle lenses are covered at 100% after you pay \$20. Frames are covered up to \$130. You pay discounted costs for the balance of frames over \$130 and for contact lenses.

Please visit the Benefits Management Division’s website: www.cityofchicago.org/benefits for additional information on all three vision plans including discounts, services and out-of-network plan allowances. After you choose a vision plan, simply click the link entitled “*I want to find out about vision...*”

WHERE CAN I GO FOR SERVICE?

Each vision plan has an extensive network of participating eye care providers. If you receive services from an in-network provider you will save more money than if you choose an out-of-network provider.

The easiest way to access a list of providers in your area is to visit your vision plan’s website and enter your zipcode. You can also call the plan’s customer service number and request a faxed copy of a provider listing by zipcode.

DO I NEED A REFERRAL?

Medical plan referrals are not needed for any of the vision plans.

HOW CAN I OBTAIN MORE INFORMATION?

Davis Vision Members: Visit www.davisvision.com or call 1-800-999-5431

UniView Vision Members: Visit www.unicare.com or call 1-888-884-8428

EyeMed Vision Members: Visit www.bcbsil.com or call 1-866-273-0817

MEDICAL CARD REMINDERS

UniCare Performance HMO Members: UniView Vision’s toll-free customer service number is located on the front of your medical card. The toll-free number for providers to call and verify benefits is located on the back of your card.

Blue Advantage HMO Members: You must also identify yourself as a Blue Cross and Blue Shield of Illinois member, if you don’t have your medical card at the time of service.