

# Client Vision Care Plan



**CLIENT NAME:** Meridian Airport Authority

**CLIENT NUMBER:** MERAIRAU01

**EFFECTIVE DATE:** January 1, 2024

## EVIDENCE OF COVERAGE

Underwritten by:

**Vision Service Plan Insurance Company**  
3333 Quality Drive, Rancho Cordova, CA 95670  
(916) 851-5000 (800) 877-7195

Administered by:

**Community Eye Care LLC**  
4944 Parkway Plaza Blvd., Suite 200  
Charlotte, NC 28217

**Notice to Client: In the event this document is used to develop a Summary Plan Description, complete the information below, as applicable.**

NAME OF CLIENT:

NAME OF PLAN:

PRIMARY ADDRESS OF CLIENT:

PLAN ADMINISTRATOR:

ADDRESS:

PHONE NUMBER:

**This Evidence of Coverage is a summary of the Policy provisions and is presented as a matter of general information only. It is not a substitute for the provisions of the Policy itself. In the event of any dispute between this Evidence of Coverage and the Policy, the provisions of the Policy will prevail. A copy of the Policy will be furnished on request. If any changes are made to this document by anyone other than VSP, or its administrator CEC, VSP and CEC disclaim responsibility for such changes and cannot guarantee this document will comply with any statutory requirements including but not limited to ERISA.**

## **ELIGIBILITY FOR COVERAGE**

Enrollees: To be covered, a person must currently be an employee or member of the Client, and meet the coverage criteria established by Client.

Eligible Dependents: Any dependent of an Enrollee of Client who meets the eligibility criteria established by Client if such dependent coverage is provided.

## **HOW TO USE THIS PLAN**

CEC provides Plan Benefits to Covered Persons based on the level of coverage purchased by the Client. Refer to the Schedule of Benefits for specific Plan Benefits.

1. Contact CEC to obtain a list of participating providers, and/or to view available benefits (see below for contact information).

2. Contact a CEC Network Provider's office to schedule an appointment and indicate that Covered Person is a CEC member. Should Covered Persons fail to identify themselves as CEC members, Plan Benefits shall be limited to those of an Open Access Provider, if such Plan Benefits are available.

3. Once the appointment is made, the CEC Network Provider will obtain benefit verification from CEC. The CEC Network Provider will bill VSP directly and the Covered Person is responsible for payment of any applicable Copayments, non-covered services or materials, or amounts which exceed plan allowances, and annual maximum benefits.

4. If the Policy includes Plan Benefits for Out of Network Providers, Covered Person may be responsible for paying for all services and/or materials in full and submitting a claim to CEC. All reimbursement will be in accordance with the Out of Network Provider fee schedule, less any applicable Copayment. Obtaining services from an Out of Network Provider will typically result in higher out of pocket expenses for Covered Persons. CEC does not require a Notice of Claim but all claims must be submitted to CEC within 365 calendar days from the date services are rendered and/or materials provided. Claims received by CEC after 365 days will be denied unless prohibited by applicable state or federal law.

## **TO OBTAIN FURTHER INFORMATION**

Contact CEC at 888-254-4290 or [www.CECvision.com](http://www.CECvision.com).

## **EXCLUSIONS AND LIMITATIONS OF BENEFITS**

This Plan is designed to cover visual needs rather than cosmetic materials.

Some vision care services and/or materials are not covered under this Plan and certain other limitations may apply. Please refer to the EXCLUSIONS AND LIMITATIONS OF BENEFITS section of the attached Schedule of Benefits for details.

## **COORDINATION OF BENEFITS**

CEC will not coordinate Plan Benefits payable under the Policy with any other private or government insurance plan, including any other plan administered by CEC or any other plan underwritten by VSP.

## **URGENT VISION CARE**

When vision care is necessary for Urgent Conditions, Covered Persons are not covered by CEC for such services and should contact a physician under Covered Persons' medical insurance plan for care.

For situations of a non-medical nature, such as lost, broken or stolen glasses, Covered Person should call CEC's Customer Care toll-free number (1-888-254-4290) for assistance. Reimbursement and eligibility are subject to the terms of the Policy.

## **HOLD HARMLESS**

Covered Persons shall be held harmless for any sums owed by VSP or CEC to the CEC Network Provider, other than those sums not covered by the Plan.

## **COMPLAINTS AND GRIEVANCES**

Covered Persons have the right to expect quality care from CEC Network Providers. More information is available under "Patient's Rights and Responsibilities" on CEC's web site at [www.CECvision.com](http://www.CECvision.com). Complaints and grievances are disagreements regarding access to care, quality of care, treatment or service. Covered Persons may submit any complaints and/or grievances, including appeals, in writing to CEC at 4944 Parkway Plaza Blvd Suite 200 Charlotte NC 28217 or verbally by calling CEC's Customer Care Division at 888-254-4290. CEC will resolve the complaint or grievance within thirty (30) calendar days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but not later than one hundred twenty (120) calendar days after CEC's receipt of the complaint or grievance. If CEC determines that resolution cannot be achieved within thirty (30) days, CEC will notify the Covered Person of the expected resolution date. Upon final resolution CEC will notify the Covered Person of the outcome in writing.

## **CLAIM PAYMENTS AND DENIALS**

**Initial Determination:** CEC will pay or deny claims within thirty (30) calendar days of receipt. In the event that a claim cannot be resolved within the time indicated CEC may, if necessary, extend the time for decision by no more than fifteen (15) calendar days.

**Claim Denial Appeals:** If a claim is denied in whole or in part, under the terms of the Policy, Covered Person or Covered Person's authorized representative may submit a request for a full review of the denial. Covered Person may designate any person, including their provider, as their authorized representative. References in this section to "Covered Person" include Covered Person's authorized representative, where applicable.

**Initial Appeal:** The request for review must be made within one hundred eighty (180) calendar days following denial of a claim and should contain sufficient information to identify the claim and the Covered Person affected by the denial. The Covered Person may review, during normal working hours, any documents held by CEC pertinent to the denial. The Covered Person may also submit written comments or supporting documentation concerning the claim to assist in CEC's review. CEC's response to the initial appeal, including specific reasons for the

decision, shall be provided and communicated to the Covered Person within thirty (30) calendar days after receipt of a request for an appeal from the Covered Person.

Second Level Appeal: If Covered Person disagrees with the response to the initial appeal of the denied claim, Covered Person has the right to a second level appeal. Within sixty (60) calendar days after receipt of CEC's response to the initial appeal, Covered Person may submit a second appeal to CEC along with any pertinent documentation. CEC shall communicate its final determination to Covered Person in compliance with all applicable state and federal laws and regulations and shall include the specific reasons for the determination.

Other Remedies: When Covered Person has completed the appeals stated herein, additional voluntary alternative dispute resolution options may be available, including mediation or arbitration. Covered Person may contact the U. S. Department of Labor or the State insurance regulatory agency for details. Additionally, under the provisions of ERISA (Section 502(a) (1) (B) [29 U.S.C. 1132(a) (1) (B)]), Covered Person has the right to bring a civil action when all available levels of reviews, including the appeal process, have been completed, the claims were not approved in whole or in part, and Covered Person disagrees with the outcome.

Time of Action: No action in law or in equity shall be brought to recover on the Policy prior to the Covered Person exhausting his/her grievance rights under the Policy and/or prior to the expiration of sixty (60) days after the claim and any applicable documentation have been filed with CEC. No such action shall be brought after the expiration of the three year statute of limitations, in accordance with the terms of the Policy.

Proof of Loss: Written proof of loss shall be furnished to CEC within 365 days after the date of the loss. CEC may deny any claims received after three hundred sixty-five (365) calendar days from the date services are rendered and/or materials provided. Failure to submit a claim within the time required does not invalidate or reduce the claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible and, except in the absence of legal capacity of the claimant, not later than 1 year from the time the claim is otherwise required.

Claim Forms: CEC does not require a notice of claim. You may obtain a claim form on [cecvision.com](http://cecvision.com) or call (888) 254-4290 to request a hard copy. CEC will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If the forms are not furnished within ten (10) working days after such request, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made. Claim forms may be submitted at [cecvision.com](http://cecvision.com) or mailed to the address below:

CEC  
4944 Parkway Plaza Blvd Suite 200  
Charlotte NC 28217

## **INDIVIDUAL CONTINUATION OF BENEFITS**

In the event this Plan is terminated, CEC Portability Benefits coverage may be available for individuals to purchase by calling CEC's Customer Service Department at 1-888-254-4290.

**DEFINITIONS:**

<b>CLIENT</b>	An employer or other entity which contracts with CEC and VSP for coverage under the Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents, if such dependent coverage is provided.
<b>COORDINATION OF BENEFITS</b>	Procedure which allows more than one insurance plan to consider Covered Persons' vision care claims for payment or reimbursement.
<b>COPAYMENTS</b>	Those amounts required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered, and which are payable at the time services are rendered or materials ordered.
<b>COVERED PERSON</b>	An Enrollee or Eligible Dependent who meets Client's eligibility criteria and on whose behalf premiums have been paid to CEC, and who is covered under the Plan.
<b>CEC NETWORK PROVIDER</b>	An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with CEC to Plan Benefits on behalf of Covered Persons of CEC.
<b>ENROLLEE</b>	An employee or member of Client who meets the criteria for eligibility established by Client.
<b>OUT OF NETWORK PROVIDER</b>	Any optometrist, optician, ophthalmologist or other licensed and qualified vision care provider who has not contracted with CEC to provide vision care services and/or vision care materials to Covered Persons of CEC.
<b>PLAN OR PLAN BENEFITS</b>	The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under the Policy, as defined in the attached Schedule of Benefits.
<b>PLAN ADMINISTRATOR</b>	The person specifically so designated on the Client application, or if an administrator is not so designated, the Client. The Plan Administrator shall have authority to control and manage the operation and administration of the Plan on behalf of the Client.

<b>POLICY</b>	The contract between VSP and Client, administered by CEC upon which this Plan is based.
<b>SCHEDULE OF BENEFITS</b>	The document(s), attached as Exhibit A to the Client Policy maintained by the Plan Administrator and to this Evidence of Coverage, which lists the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of the Plan.
<b>URGENT CONDITION</b>	A condition with sudden onset and acute symptoms which requires the Covered Person to obtain immediate care; or an unforeseen occurrence calling for immediate action.