

WHO IS ADVANTICA?

A vision exam is non-invasive. Therefore, it may be the only preventative or wellness check up an individual gets annually. Routine eye examinations have the ability to detect serious medical conditions in their infancy stages.

Advantica EyeCare is a managed vision eye care insurance company with a national network of optometrists, ophthalmologists, opticians and retail providers. Our benefits can be obtained at any of our private or retail providers, which include (but not limited to) EyeMasters, Sears Optical, JC Penny Optical, Target Optical, Pearle Vision Centers, Optical Outlets, Walmart and any locations with EyeCare Centers of America, such as VisionWorks. Please visit our website at www.advanticaeyecare.com to view our entire provider network, or contact our Service Center at (866) 425-2323.

WHY IS EYE CARE IMPORTANT?

Diabetic retinopathy is the most common diabetic eye disease and leading cause of blindness in American adults. It is caused by changes in the blood vessels of the retina.



Diabetic Retinopathy



Normal Vision



Glaucoma

Glaucoma leads to blindness by damaging the optic nerve. Elevated pressure in the eye is a risk factor, but even people with normal pressure can lose vision to glaucoma.

- More than one million Americans, age 40 and over, are blind from eye disease.
- Approximately 50,000 people will lose their sight this year due to eye related diseases.
- 50% of eye related diseases can be prevented with annual eye exams.
- Routine eye exams detect cataracts, glaucoma, macular degeneration and retinal detachment.
- Serious health problems such as diabetes, hypertension and other health conditions may be detected in an eye exam.
- **Of the 75 million people who work on computers each day, 70% of them have some type of eye or vision related problem.**

NATIONAL NETWORK OF INDEPENDENT & RETAIL PROVIDERS.

Visionworks
Why Pay More?

PEARLE VISION

WAL★MART

NOVA SOUTHEASTERN UNIVERSITY
NSU Eye Care Clinic

OPTICAL

JCPenney optical

SEARS
Optical

Visit our website at
www.advanticaeyecare.com
to locate a provider near you.

ADVANTICA EYECARE

For more information please contact our Service Center at (866) 425-2323, or visit our website at www.advanticaeyecare.com.

ICUBA SELECT PLUS 100 PLAN

COVERAGE	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT*
Comprehensive Eye Examination	\$5 copay	Reimbursed up to \$40 (less applicable copay)
Eyeglass Lenses (standard plastic)	<p>\$15 copay includes:</p> <ul style="list-style-type: none"> - Single - Bifocal - Trifocal - Lenticular - SV Polycarbonate for members under the age of 19 (\$30 copay for members 19 or older) <p>Additional \$12 copay for UV Protection.</p> <p>Additional \$50 copay Standard Progressive Lenses.</p> <p>Additional \$60 copay Photochromic Lenses.</p>	<p>Reimbursed (less applicable copay):</p> <ul style="list-style-type: none"> - Single up to \$20 - Bifocal up to \$40 - Trifocal up to \$60 - Lenticular up to \$100 - UV Protection up to \$5 - SV Polycarbonate for members under the age of 19 up to \$10 - Progressive up to \$45
Eyeglass Frames	<p>\$15 copay (no copay if included with Eyeglass Lenses); paid in full on Special Frame Selection; outside of the Selection, \$100 allowance (less applicable copay) toward any prescription eyeglass purchase.</p>	Reimbursed up to \$40 (no copay if included with eyeglass lenses).
Contact Lenses (in lieu of Eyeglasses)** Conventional / Disposable	\$100 allowance (less applicable copay)	Reimbursed up to \$60 (less applicable copay)
Contact Lenses (in lieu of Eyeglasses)** Medically necessary***	\$250 allowance (less applicable copay)	\$250 allowance (less applicable copay)
Contact Lens Fitting Fee	\$30 allowance	Not applicable.
Laser Vision Correction (LASIK)	15% discount off U&C	Not applicable.

Benefit Frequency	
Examination	Once every 12 months
Eyeglass Lenses (standard plastic)	Once every 12 months
Eyeglass Frames	Once every 24 months
Contact Lenses (in lieu of Eyeglasses)	Once every 12 months

* Submit Member Out-Of-Network Reimbursement Form and copy of paid receipt to Advantica EyeCare.
 ** This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.
 *** Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica EyeCare.

Plan is qualified under IRS Section 125.

SELECT DISCOUNT PLAN

The Select Discount Plan is in addition to your plan benefits at no additional cost. This plan can be used for upgrades and additional eyewear. This plan can be utilized at any of participating provider locations.

Eyeglass Lenses (standard plastic)
 Single \$35
 Bifocal \$55
 Trifocal \$85
 Lenticular U&C less 10%
 Standard Progressive Multifocal \$155

Eyeglass Lens Upgrades
 Ultra Violet Coating \$12
 Scratch Coating \$12
 Anti-Reflective Coating \$36
 Polycarbonate \$30
 Polarized-Single Vision \$36
 Polarized-Bifocal \$54
 All Other and Sunwear

Eyeglass Frames
 Retail less 15%

Additional Contact Lenses through For Eyes Direct
 Retail less 10% to 20%

This is an in-network benefit only, and may not be combined with any other discounts or promotional offers.

MONTHLY RATES

\$ 4.34 per covered SUBSCRIBER

\$11.08 per covered SUBSCRIBER and FAMILY