



## Vision

### Healthy eyes and vision are important to your well-being.

Many eye conditions present no obvious symptoms. Routine eye exams can detect health conditions such as glaucoma, diabetes, and macular degeneration. Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

Our vision benefits are through a national vision partner, VSP® Vision Care. VSP has 62,000 providers nationwide and 2,106 across North Carolina. The providers are one-stop shops offering exams and eyewear. And 91 percent offer early morning, evening, and weekend hours for your convenience.

### Using your VSP benefit is easy.

- Create an account at [vsp.com](https://vsp.com). Review your personalized benefit information.
- Find a [HealthTeam Advantage provider](#) who's right for you.
- At your appointment, tell them you have VSP and present your HealthTeam Advantage ID card. There are no claim forms to complete when you use an in-network provider.

If you choose an out-of-network provider, call VSP at 855-492-9028 for plan details.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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Vision Services	HealthTeam Advantage Plan I (PPO)	HealthTeam Advantage Plan II (PPO)	Diabetes & Heart Care HMO CSNP
<b>Medicare-Covered</b>			
Diagnostic Exam (One per year)	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$0 copay  <b>No out-of-network option.</b>
Eyewear (Materials covered up to Medicare-approved limits.)	<b>In-Network:</b> \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.  <b>Out-of-Network:</b> \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$50.	<b>In-Network:</b> \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.  <b>Out-of-Network:</b> \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$50.	<b>In-Network:</b> \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100.  <b>No out-of-network option.</b>
<b>Routine</b>			
Eye Exam (Includes one refraction per year)	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$0 copay  <b>Out-of-Network:</b> \$30 copay	<b>In-Network:</b> \$0 copay  <b>No out-of-network option.</b>
Eyeglass frames and contact lenses (One frame or one pair of contacts per year)	<b>In-Network:</b> Reimbursed up to \$100 towards a frame; 20% discount off amount above allowance.  <b>Out-of-Network:</b> Reimbursed up to \$50 for one pair of glasses (frames & lenses) OR one pair of contact lenses.	<b>In-Network:</b> Reimbursed up to \$100 towards a frame; 20% discount off amount above allowance.  <b>Out-of-Network:</b> Reimbursed up to \$50 for one pair of glasses (frames & lenses) OR one pair of contact lenses.	<b>In-Network:</b> Reimbursed up to \$100 towards a frame; 20% discount off amount above allowance.  <b>No out-of-network option.</b>
Eyeglass lenses (One frame or one pair of contacts per year)	<b>In-Network:</b> Single vision, lined bifocal, trifocal, and lenticular lenses are covered in full.  <b>Out-of-Network:</b> Reimbursed up to \$50 for one pair of glasses (frames & lenses) OR one pair of contact lenses.	<b>In-Network:</b> Single vision, lined bifocal, trifocal, and lenticular lenses are covered in full.  <b>Out-of-Network:</b> Reimbursed up to \$50 for one pair of glasses (frames & lenses) OR one pair of contact lenses.	<b>In-Network:</b> Single vision, lined bifocal, trifocal, and lenticular lenses are covered in full.  <b>No out-of-network option.</b>
Contact lens fitting and evaluation	<b>In-Network:</b> Up to \$60 copay  <b>No out-of-network option.</b>	<b>In-Network:</b> Up to \$60 copay  <b>No out-of-network option.</b>	<b>In-Network:</b> Up to \$60 copay  <b>No out-of-network option.</b>
Lens Enhancements	<b>Not a covered benefit.</b>	<b>Not a covered benefit.</b>	<b>Not a covered benefit.</b>