



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 thousands of providers nationwide and 972 across North Carolina. The providers are one-stop shops offering exams and eyewear.

Using your VSP benefit is easy.

- Create an account at 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.

| Vision Services | HealthTeam Advantage Plan I (PPO) | HealthTeam Advantage Plan II (PPO) |
|---|---|---|
| Medicare-Covered | | |
| Diagnostic Exam (One per year) | In-Network: \$0 copay Out-of-Network: \$30 copay | In-Network: \$0 copay Out-of-Network: \$30 copay |
| Eyewear (Materials covered up to Medicare-approved limits.) | In-Network: \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100. Out-of-Network: \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100. | In-Network: \$0 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100. Out-of-Network: \$50 copay for Medicare-covered glasses or contact lenses after cataract surgery with a maximum benefit amount not to exceed \$100. |
| Routine | | |
| Eye Exam (Includes one refraction per year) | In-Network: \$0 copay Out-of-Network: \$30 copay | In-Network: \$0 copay Out-of-Network: \$30 copay |
| Eyeglasses (lenses and frames) or contact lenses | In-Network: Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full. Out-of-Network: Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year. | In-Network: Reimbursed up to \$100 towards eye wear, including contact lenses. Single vision, lined bifocals, lined trifocals, and lenticular lenses are covered in full. Out-of-Network: Reimbursed up to \$50 for 1 pair of eyeglasses or 1 pair of contact lenses every year. |
| Contact lens fitting and evaluation | In-Network: Up to \$60 copay No out-of-network option. | In-Network: Up to \$60 copay No out-of-network option. |
| Lens Enhancements | Not a covered benefit. | Not a covered benefit. |

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