Receiving Out-of-Network Benefits

While we highly recommend visiting our in-network providers for your vision care needs, we realize that circumstances may require visiting a doctor who is not part of our network. For those times, please use the following instructions to receive your Optilegra benefits.

Note that Optilegra **20% Discount** and Optilegra **LASIK Discount** plans do not have an out-of-network benefit.

Directions for Out-of-Network Claims

After visiting your eye care clinic, you must pay them in full for the services and materials. Then simply fill out the following claim form and submit it, along with a copy of your receipt, to the following address:

Optilegra
PO Box 91437
Sioux Falls, SD 57109

Once we've received your claim, reimbursement will be sent to you within 45 days. This reimbursement will be issued directly from Optilegra.

Please note that we only accept claims within 45 days of the date of service.

Optilegra will pay for the services and materials reported up to the annual out-of-network allowance for the member reporting the services. Costs beyond this allowance are the responsibility of the member. Benefits renew one (or two) years from the time they are used. **Out-of-Network benefits are not available for members with a 20% discount plan.**

Note that your materials benefit can be used toward either glasses or contacts, but not both.

Comparison of In-Network and Out-of-Network Benefits

In-Network Benefits	
Eye Exam (after co-fee)	100%
Contact Lenses (cosmetic)	$105 - $200
Contact Lenses (medically necessary)	$250
Single Vision Lenses (after co-fee)	100%
Bifocal Lenses (after co-fee)	100%
Trifocal Lenses (after co-fee)	100%
Lenticular Lenses (after co-fee)	100%
Progressive Lenses (Gold/Silver plans)	You pay co-fee, plus difference between progressive retail and bifocal
Progressive Lenses (Platinum plan)	$180 minus co-fee
Frames (any brand or style)	$100 - $200

Out-of-Network Benefits	
Eye Exam	$40
Contact Lenses (cosmetic)	$80
Contact Lenses (medically necessary)	$80
Single Vision Lenses	$30
Bifocal Lenses	$45
Trifocal Lenses	$55
Lenticular Lenses	$75
Progressive Lenses (Gold/Silver plans)	$60
Progressive Lenses (Platinum plan)	$144
Frames (any brand or style)	$35

Optilegra™

Claim Form for Out-of-Network Services and Materials

PATIENT INFORMATION			
LAST NAME	FIRST NAME		MIDDLE
ADDRESS			
CITY	STATE		ZIP
DAYTIME PHONE	DATE OF BIRTH		
MEMBER (EMPLOYEE) INFORMATION			
LAST NAME	FIRST NAME		MIDDLE
MEMBER ID	DATE OF BIRTH		
PROVIDER (DOCTOR) INFORMATION			
PROVIDER NAME			TELEPHONE
ADDRESS			
CITY	STATE		ZIP
REQUEST FOR REIMBURSEMENT			
DATE OF SERVICE	AMOUNT CHARGED FOR SERVICES **(remember to include itemized receipts)**		
EXAM $	LENS $	FRAMES $	CONTACTS $
TYPE OF LENS (please check lens type purchased) ☐ Single Vision ☐ Bifocal ☐ Trifocal ☐ Lenticular ☐ Progressive (no-line bi/trifocals)			

Patient or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process this claim. By signing below, I acknowledge that the above information is accurate to the best of my knowledge.

Signed _____ Date _____

Please send this completed claim form and copies of all receipts to the following address:

Optilegra
PO Box 91437
Sioux Falls, SD 57109