

Vision Insurance Frequently Asked Questions

Q: Where can I find more information about the new vision insurance plan?

A: Check out all the information posted on the [Benefits Library](#).

Q: Why is MCHS offering a vision insurance plan?

A: The results of employee voice of customer survey showed that a voluntary vision insurance is a high priority and one of the most asked for benefit. Therefore, this benefit is being offered as a voluntary benefit for employees to enroll into if this option fits their own personal needs.

Q: Do I need to enroll in the new insurance plan to have vision coverage?

A: Individuals currently enrolled in health benefit coverage through Security Health Plan continue to have coverage for vision care. This care is discounted to individuals through the health plan and is subject to standard cost sharing and deductibles. It is not a requirement to enroll in the new vision insurance. This vision coverage is in addition to eligible services offered through the health insurance benefit. Additionally, you do not have to be enrolled in the MCHS employee health plan in order to enroll in the new vision insurance.

Q: When can I enroll into the vision insurance plan?

A: Open enrollment will occur June 12 through June 23 for coverage effective July 1, 2023 through March 31, 2024. If you choose not to enroll now, your next opportunity will be with open enrollment in spring 2024 unless you have a mid-year qualifying event.

Q: How much will the vision insurance cost?

A: Please reference the premium rate sheet on the [Benefits Library](#). Premiums for the vision plan will follow the process like other benefit premiums and are collected in the current month which means that July paychecks pay for July coverage. Deductions are taken twice a month on the first two paychecks during the month.

Q: Currently, my primary eye doctor is at MCHS. How does this benefit work for those claims and expenses?

A: You can still continue to see your MCHS provider. The cost of the exam will be processed as a claim under your health insurance plan and your deductible and coinsurance will apply for adult members. You can submit your claim to DeltaVision for processing and if applicable, a reimbursement would be paid to you.

Q: How does the out-of-network coverage work?

A: This DeltaVision Plan offers both in-network and out-of-network benefits. If you see a MCHS provider or any other out-of-network provider, you can receive reimbursement for contact lenses fittings and frames. The benefit summary on the Benefits Library has more details on the out-of-network reimbursement amounts.

Q: Does this vision plan offer coordination of benefits?

A: No, if you have another vision-specific plan, this plan will not pay any benefit in addition to the one you are currently enrolled in.

Q: When I am searching for an in-network provider, what network should I choose?

A: Please select "Insight" as the network.

Q: Can you please explain how the 12-month rule applies, i.e., plan year versus calendar year?

A: This plan is designed to allow members to use the benefits at any point within the 12-month plan year which renews every April. That means members can have an eye exam on 7/1/23 and then again as soon as 4/1/24. You are not required to wait exactly 12 months between services.