

SUMMARY OF BENEFITS



VISION EXAM BENEFIT

Your group insurance plan covers vision exams. The amounts listed below are the maximum benefits allowed for all vision exams provided during any benefit period by a licensed Ophthalmologist or licensed Optometrist.

Benefit Period

Eye Exam: once per calendar year

SERVICE/SUPPLY	BENEFIT
Eye Exam	
Participating Providers	100%
Nonparticipating Providers	\$40 allowance

Limitations and Exclusions

The out-of-pocket expense for vision services (copayments and service charges) does not apply to the medical deductible or out-of-pocket limit of the policy. Also, the member continues to be responsible for the vision copayments and service charges regardless of whether the policy's out-of-pocket limit is satisfied.

Eye exams covered under the vision plan are in place of, not in addition to, eye exams covered under the medical plan.

Covered expenses do not include, and no benefits are payable for:

- Hardware such as lenses, frames, and contact lenses.
- Medical and surgical treatment of the eye.
- Special procedures such as orthoptics or vision training.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of employment, or required by a labor agreement or government body.
- Services or supplies received before this plan's coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any other medical or vision benefits provided by the employer.