

SUMMARY OF BENEFITS



VISION PLUS

The amounts listed below are the maximum benefits allowed for all vision exams, lenses, and frames furnished during any benefit period when prescribed by a licensed Ophthalmologist or licensed Optometrist. If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If only one lens is supplied, the allowance for the lens is 50% of the lens allowance shown.

Benefit Period

- Eye Exam: once per calendar year
- Lenses: one pair per calendar year
- Frames: one per calendar year
- Contact Lenses: once per calendar year

SERVICE/SUPPLY	BENEFIT
Eye Exam	
Participating Providers	100%
Nonparticipating Providers	\$40
*Lenses (maximum per pair)	
• Single Vision	\$56
• Bifocal	\$84
• Trifocal	\$116
• Lenticular	\$236
Progressive	\$116
*Frames	\$75
*Contacts (in place of glasses)	\$131
* <i>Participating Providers discount these services.</i>	
• <i>Participating Providers accept these benefit amounts as payment in full.</i>	

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:

- Medical and surgical treatment of the eye.
- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids.
- Tint.
- Plano contact lenses.
- Anti-reflective coatings or scratch resistant coatings.
- Separate charges for contact lens fitting.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- 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.
- Expenses covered under any worker's compensation law
- 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.