

SUMMARY OF BENEFITS



**VISION
10/300**

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. This plan has a maximum plan allowance of \$300 per calendar year for hardware services.

Benefit Period

Eye Exam: once per calendar year
 Hardware: \$300 per calendar year

SERVICE/SUPPLY	BENEFIT
Eye Exam	
Participating Providers	100% after \$10 copay
Nonparticipating Providers	\$40 allowance
Hardware	\$300 allowance
*Lenses	100%
Single	
Bifocal	
Trifocal	
Lenticular	
Progressive	
*Frames	100%
*Contacts	100%
<i>* Participating Providers discount these services. Payment is limited to 100% of the maximum plan allowance</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 additional 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.