



HIGH OPTION VISION

Your group insurance plan covers vision exams, eyeglasses, and contact lenses. The following shows the vision benefits available to you during the following benefit periods.

Eye exam: once every 12 months
Lenses: one pair every 24 months

Frames: one every 24 months
Contact lenses: one pair every 24 months

SERVICE/SUPPLY	PARTICIPATING PROVIDER BENEFIT:	NONPARTICIPATING PROVIDER BENEFIT:
Eye Exam	\$10 copay, then 100%	\$10 copay, then 100% up to \$45 maximum
*Lenses (maximum per pair)		
Single Vision	100%	100% up to \$45 maximum
Bifocal	100%	100% up to \$65 maximum
Trifocal	100%	100% up to \$85 maximum
Lenticular	100%	100% up to \$175 maximum
Progressive	100%	100% up to \$85 maximum
*Frames	\$25 copay, then 100% up to \$120 maximum	\$25 copay, then 100% up to \$47 maximum
*Contacts (instead of glasses)	100% up to \$105 maximum	100% up to \$105 maximum

* Participating Providers discount these services.

The amounts listed above are the maximum benefits available for all vision exams, lenses, and frames furnished during a benefit period. If charges for a service or supply are less than the allowed, the benefit will be equal to the actual charge.

This plan does not cover:

- 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 and 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.
- Charges for services or supplies covered in whole or in part under any other benefits provided by the employer.
- Eye exams required as a condition of employment, or required by a labor agreement or government body.
- Expenses covered under any workers' compensation law.
- Services or supplies received before this plan's coverage begins or after it ends.

To make the most of those benefits, it's important to keep in mind the following:

- *Participating Providers:* PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed to you in your benefits.
- *Paying for Services:* Please remember to show your current PacificSource ID card when you use your plan's benefits. Our provider contracts require participating providers to bill us directly whenever you receive covered services and supplies. Providers normally call PacificSource to verify your vision benefits, then bill us directly. Participating providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's allowances. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and should bill PacificSource directly.
- *Sales/Special Promotions:* Vision retailers often use coupons and promotions to bring in new business, such as free exams, two-for-one glasses, or free lenses with purchase of frames. Because participating providers already discount services through their contract with PacificSource, your plan's participating provider benefits cannot be combined with other discounts or coupons. You can use your plan's participating provider benefits, or use your plan's nonparticipating provider benefits to take advantage of a sale or coupon. If you do take advantage of a special offer, the participating provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's nonparticipating provider benefits.