

VISION BENEFIT

Benefits are available for the listed vision services and supplies when such services and supplies meet all of these requirements:

- They must be prescribed by an ophthalmologist or optometrist;
- They must be furnished by an ophthalmologist, optometrist, or optician;
- They must not be excluded from coverage under this program; and
- They must be named in this benefit as covered.

Covered Services And Supplies

This section describes the specific benefits available for covered vision services and supplies.

Examinations Benefits are payable up to 100 percent of the eligible charge for one routine vision examination per enrollee each calendar year. Covered routine examination services are:

- Examination of the outer and inner parts of the eye.
- Evaluation of vision sharpness (refraction).
- Binocular balance testing.
- Routine tests of color vision, peripheral vision, and intraocular pressure.
- Case history, recommendations, and prescriptions.

Lenses When necessary to improve vision, benefits are available for two eyeglass lenses or two simple spheric contact lenses per enrollee each calendar year. Benefits are payable up to 100 percent of the eligible charge up to a maximum of \$200 per enrollee per calendar year. This maximum includes lenses and frames as specified below.

Benefits for the following are included in the maximum benefit for the type of lens prescribed:

- Special features, such as tinting or coating.
- Fitting of eyeglass lenses to frames.
- Fitting contact lenses to the eyes.

Benefits will be provided for either eyeglasses (eyeglass lenses and frames) or contact lenses during the same calendar year, not both.

Frames One pair of frames per enrollee each calendar year. Benefits are payable at 100 percent of the eligible charge up to a combined maximum of \$200 per calendar year for both lenses and frames.

The Vision Benefits of this program are based on eligible charges for covered services and supplies. (Please see "Definitions" on page 55 for a full explanation of "eligible charge.")

Charges for vision services or supplies that exceed what is covered under this benefit are not covered under other benefits of this program.

Limitations

In addition to "General Limitations And Exclusions," the following limitations will apply to this benefit:

- If continuous blend multifocal eyeglass lenses or specialty contact lenses (such as extended wear or astigmatic contacts) are purchased, benefits will be provided only up to the amount that would be billed for the respective eyeglass lens or simple spheric contact lens. Benefits for quadrafocal lenses will be provided up to the amount that would be billed for trifocals. You will be responsible for any difference, even if the provider is a **participating** provider.
- We do not provide this benefit for:

- Services or supplies that are not named above as covered, or that are covered under other provisions of this program.
- Services or supplies that are not furnished by a licensed ophthalmologist, optometrist, or optician.
- Nonprescription glasses, or other special purpose vision aids (such as magnifying attachments), sunglasses or light-sensitive lenses, even if prescribed.
- Vision therapy, eye exercise, or any sort of training to correct muscular imbalance of the eye (orthoptics), or pleoptics.
- Supplies used for the maintenance of contact lenses.
- We do not provide this benefit for services or supplies received after your coverage under this benefit has ended, except when all of the following requirements are met:
 - You received a covered routine vision examination, with a refraction, no more than 30 days before the date your coverage under this benefit ended.
 - You ordered covered contact lenses, eyeglass lenses, or frames before the date your coverage under this benefit ended.
 - You received the contact lenses or glasses you ordered no more than 30 days after the date your coverage under this benefit ended.