

Vision plan V1003



Calendar year	
Benefit maximum	\$300
What members pay	
Eye examinations (including refraction)	0%
Lenses	0% ¹
Frames	0% ¹

¹ Contact lenses are covered in lieu of regular lenses and frames.

Limitations and exclusions

Only covered for the employee and any dependent age 19 and over.

Vision exam and hardware benefits are all subject to the calendar-year benefit maximum.

Percentages shown reflect what members pay for covered vision exam, lenses and frames, or contacts in lieu of lenses and frames.

Noncovered, excluded services are the member's responsibility and do not apply toward the calendar year benefit maximum.

No vision care benefits will be paid for the following services and supplies:

- Treatment of eyes for special procedures such as orthoptics and vision training
- Charges for fashion eyewear features such as flint glass or blended (except tints #1 and #2)
- Any extra charge for lenses with prisms, prism segs, slab-off and other special-purpose vision aids
- Nonprescription lenses
- Medical or surgical treatment of the eyes
- Services and supplies that are payable under a workers' compensation or occupational disease law
- Any expense a member did not have to pay due to discounts received or other promotions

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Note: This Alaska plan is at state review and is subject to changes.