

2016 Vision plan benefit summary



| Vision Eye Exam Only | |
|---|------------------|
| Benefit maximum | \$200 |
| | What members pay |
| Eye examinations (including refraction) | 0% |
| Lenses | Not covered |
| Frames | Not covered |

Limitations and exclusions for vision plans

- Vision exam benefits for age 19 and older
- Vision exam benefits are subject to the calendar-year benefit maximum.
- For covered vision exam
- Noncovered, excluded services are the member's responsibility and do not apply toward the calendar-year benefit maximum.
 - a. Special procedures such as orthoptics and vision training
 - b. Extra charges for lenses with special-purpose vision aids or for fashion eyewear features
 - c. Nonprescription lenses
 - d. Medical or surgical treatment of the eyes
 - e. Vision hardwares including frames, lenses and contact lenses

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. For cost and additional 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.

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon.
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