

# 2017 Vision plan benefit summary



Vision \$200 Max	
Calendar year benefit maximum	\$200
	What members pay
Eye examinations (including refraction)	0%
Lenses	0% <sup>1</sup>
Frames	0% <sup>1</sup>

<sup>1</sup> Contact lenses are covered in lieu of regular lenses and frames.

## Limitations and exclusions for vision plans

- Only covered for the subscriber and any dependent age 19 and over.
- Vision exam and hardware benefits are covered once in a calendar year and are 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 because of 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. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the contract 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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Health plans in Alaska provided by Moda Health Plan, Inc.  
14850900 (8/16)

2017 Alaska Groups