

This Vision Plan allows you to choose any licensed ophthalmologist, optician or optometrist. Contracted providers are reimbursed up to their contracted amount. Non-contracted providers are reimbursed up to billed charges. The Plan pays for a vision exam for you and your insured dependents, and lenses and frames when prescribed by a licensed ophthalmologist or optometrist. There is no deductible for covered vision services or supplies, and the benefits are paid at 100% up to the plan maximum listed below.

Plan Maximum	\$600
Service	Member Pays
<b>Eye Examination (complete, including refraction):</b>	0%
<b>Lenses</b>	
Single Vision (per pair)	0%
Bifocal (per pair)	0%
Lenticular (per pair)	0%
Trifocal (per pair)	0%
Contacts (per pair)	0%
<b>Frames:</b>	0%

#### **LIMITATIONS**

Whether covered under the vision care benefit or the medical portion of this plan, we will only pay for one eye exam, one pair of regular contact lenses, disposable contacts (multiple pairs), or one pair of glass lenses per insured member per plan year. Frames are allowed each plan year for members under age 17 and every two plan years for members age 17 or older.

#### **EXCLUSIONS**

This vision Plan will not pay for the following:

- \* The following services and supplies:
  - \* orthoptics or vision training;
  - \* subnormal vision aids and any associated supplemental testing;
  - \* non-prescription lenses and sunglasses
- \* Prisms, prism segs, slab off, and other special purpose vision aids
- \* Medical or surgical treatment of the eye or supporting structures
- \* Corrective eyewear by an employer and safety eyewear, unless specifically covered
- \* Services and supplies that are payable under a workers' compensation or occupational disease law
- \* Hard and/or scratch resisting coating(s)
- \* Ultra-Violet (UV) coatings
- \* Standard anti-reflective
- \* Lasik
- \* Photo Refractive Keratectomy (PRK)
- \* Any expense that results from an act of declared or undeclared war or armed aggression
- \* Replacement of lost, stolen or broken lenses or frames except at normal intervals
- \* Duplicate or spare eyeglasses or any lenses or frames
- \* Any expense you or your dependents do not have to pay due to discounts received or other promotions
- \* Any expense paid in whole or part by any other provision of the Group Health Insurance Plan provided by the policyholder

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This is a benefit summary only. For a complete description of benefits, refer to your member handbook.