



## Vision Expense Benefits

### Eye Examinations

One regular eye examination in each 12 consecutive month period by an ophthalmologist, optician or optometrist is provided for each person covered under the program. The maximum payment is \$40.00 per exam.

### Lenses

One pair in each 12 consecutive month period is covered. Payment is made for the actual charge for one or two lenses or contact lenses, but not more than:

	<u>Per Lens</u>	<u>Per Pair</u>
Single Vision	\$ 20.00	\$ 40.00
Bifocals	\$ 30.00	\$ 60.00
Trifocals	\$ 40.00	\$ 80.00
Lenticular	\$100.00	\$200.00
Contact Lenses (Cosmetic)	\$ 35.00	\$ 70.00
Contact Lenses (Medically Necessary)	\$200.00	\$400.00

\*NOTE: the amount for a single lens is fifty percent (50%) of the amount for a pair of lenses.

The allowance for medically necessary contact lenses will be paid only if: (a) the lenses are necessary following cataract surgery; (b) visual acuity cannot be correct to 20/70 in either eye with other lenses, but can be correct to at least 20/70 in either eye with contact lenses; or (c) the lenses are necessary for the treatment of anisometropia for keratoconus.

Should an individual select contact lenses instead of conventional lenses, when the latter is all that is needed, the program will pay the amount equal to the single lenses plus the frames toward the cost of the contact lenses.

### Maximum

The plan will pay the actual charge for the services and supplies up to the maximum, the difference will be added to the maximum amount applicable to any other service or supply for which a charge is incurred within sixty days.

## **Frames**

One set of frames is covered every 24 consecutive month period provided the frames are used with lenses prescribed after an eye examination. Frame allowance: \$30.00. When new frames are not required, the payment allowed for frame may be applied toward the cost of lenses.

## **Limitations and Exclusions**

Services for which vision care coverage does not provide benefits include:

- Sunglasses, whether or not a prescription is required.
- Drug or Medications
- Employer furnished services or supplies or those covered under Worker's Compensation laws, occupational disease laws or similar legislation
- Services and supplies rendered or furnished as a result of loss, theft, or breakage of lenses, contact lenses or frames for which benefits were paid under the Group Contract and Certificate
- Orthoptics or vision training
- Aniseikonic lenses
- Coated lenses

Vision Care does not provide full benefits for cosmetic vision needs. This distinction applies particularly to frames and contact lenses.