



Vision Care Benefits Summary

100% / \$300 Max

This Plan allows you to choose any licensed Ophthalmologist, Optician or Optometrist. The plan pays for vision exams for you and your insured dependents, and lenses and frames when prescribed by a licensed ophthalmologist or optometrist.

These vision care benefits are provided at the amounts shown below up to a maximum total of \$300 every 12 months. These time periods begin with the date of the examination for the examination allowance and from the date of purchase of lenses and frames or contact lenses.

| SERVICES AND SUPPLIES | BENEFIT |
|--|---------|
| Eye Examination (complete, including refraction): | 100%* |
| Lenses (when eyeglasses are first acquired or when required by a change in prescription): | |
| Single Vision (per pair) | 100%* |
| Bifocal (per pair) | 100%* |
| Trifocal (per pair) | 100%* |
| Contacts (per pair) | 100%* |
| Frames: | 100%* |

* Payment is limited to 100% of the maximum plan allowance

LIMITATIONS

Whether covered under the vision care benefit or the medical portion of this plan, we will only pay for one pair of contact lenses, disposable contacts, or one pair of glasses (including lenses for glasses and/or frames) per insured individual up to the allowable amount every 12 months.

EXCEPTIONS

We will not pay for:

- * Any of the following services and supplies:
 - * Visual field charting;
 - * Orthoptics or vision training;
 - * Lenticular lenses;
 - * Subnormal vision aids;
 - * Aniseikonic lenses
 - * Tinted lenses, except no. 1 and no. 2 pink;
 - * Non-prescription lenses; or
 - * More than the allowance for a standard prescription when multi-focal hard resin lenses, coated lenses or no-line bifocals (blended type) are chosen;
- * Medical or surgical treatment of the eye;
- * Services and supplies that are payable under a workers' compensation or occupational disease law;
- * Any expense that results from an act of declared or undeclared war or armed aggression;
- * Any expense that is an excess of the maximum plan allowance;
- * Replacement of lost, stolen or broken lenses or frames;
- * Duplicate or spare eyeglasses, or any lenses or frames;
- * Any expense you or your dependents do not have to pay; and
- * Any expense paid in whole or in part by any other provision of the Group Health Insurance Plan provided by the Policyholder.

HOW TO USE YOUR VISION CARE PROGRAM

The plan allows you to choose any licensed ophthalmologist, optician, or optometrist.

Visit our website at www.odsalaska.com

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