



Vision Care Benefits Summary 80% Benefit Plan

This Vision Care Benefit pays 80% of the maximum plan allowance for vision examinations and corrective lenses and frames. Plan pays for vision examinations, corrective lenses, and frames for you and your dependents when prescribed by a licensed Ophthalmologist or licensed Optometrist.

These vision care benefits listed below are provided once per calendar year except for frames, which are provided once in any two-year period. The two year period for frames begins with the date of purchase.

SERVICES AND SUPPLIES	BENEFIT
Eye Examination (complete, including refraction):	80%*
Lenses (when eyeglasses are first acquired or when required by a change in prescription):	
Single Vision (per pair)	80%*
Bifocal (per pair)	80%*
Trifocal (per pair)	80%*
Contacts (per pair)	80%*
Frames:	80%*

* Payment is limited to 80% of the maximum plan allowance

LIMITATIONS

Whether covered under the vision care benefit or the medical portion of this plan, the plan allows for only one pair of contact lenses, disposable contacts, or one pair of lenses for glasses per calendar year, and one set of frames per two-year period.

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.

Subject to approval of the health benefit plans by the Alaska insurance division.