



**Vision Care Benefits Summary  
EYE EXAM ONLY - 100%**

This Plan pays for vision examinations for you and your insured dependents.

These vision care benefits are provided at the amounts shown below up to a maximum total of \$200 every 12 months. These time periods begin with the date of the examination for the examination allowance.

SERVICES	BENEFIT
<b>Eye Examination</b> (complete, including refraction):	100%*

\* Payment is limited to 100% of the Maximum Plan Allowance

**EXCEPTIONS**

We will not pay for:

- \* Any of the following services and supplies:
  - \* Visual field charting;
  - \* Orthoptics or vision training;
- \* 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;
- \* 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 or optometrist.

**Visit our website at [www.odsalaska.com](http://www.odsalaska.com)**

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