



**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 for those under age 17 and every 24 months for those 17 and older. 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.odskompanies.com](http://www.odskompanies.com)

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