



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

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

The plan pays up to a maximum benefit of \$200.00 for one routine vision exam every calendar year for those under age 18 and every 2 calendar years for those 18 and older. An exam is reimbursed at 100% of an in-network provider's contracted fee or an out-of-network provider's billed charge, up to a maximum of \$200.00.

SERVICES	BENEFIT
Eye Examination (complete, including refraction):	100%*

* Payment is limited to \$200.00 maximum.

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 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.odscompanies.com

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