



**Vision Care Benefits Summary
Exam Only - 100% Allowed Charges**

Members may choose any licensed ophthalmologist or optometrist.

Beginning with the first year that benefits are used, the Plan pays up to a maximum benefit of \$200 for one routine vision exam every calendar year for members under age 18 and every 2 calendar years for members 18 and older. For an in-network provider, exams are reimbursed at 100% of the providers contracted fee. For an out-of-network provider, exams are reimbursed at the lesser of billed charges or up to a maximum of \$200.

SERVICES	BENEFIT
Eye Examination (complete, including refraction)	100% up to \$200 maximum

EXCLUSIONS
<p><u>The Plan will not pay for:</u></p> <ul style="list-style-type: none"> * Frames or lenses; * Any of the following services and supplies: <ul style="list-style-type: none"> *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 a member [or his or her dependents] did not have to pay due to discounts received or other promotions; * Any expense paid in whole or in part by any other plan provision provided by the Group.

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

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