

Vision Services (Medical)

Your Plan covers services by an optometrist or ophthalmologist only when they find or reasonably suspect a disease condition of the eye and refers you to a Provider for treatment of that condition. Your Plan covers your visit to an optometrist or ophthalmologist in the same way your Plan covers visits to Providers performing Covered eye care.

Eyeglasses, contact lenses, and refraction

Your Plan does not cover any determination of refractive state or any examination, prescription or fitting of eyeglasses or contact lenses unless the refraction, examination, prescription or fitting is for treatment of aphakia or keratoconus (see Prosthetics page 16).

If you need lenses to replace the lens of the eye (for treatment of aphakia or keratoconus), your Plan will cover only one pair of lenses per prescription. Your Plan also covers non-refractive therapeutic contact lenses.

Vision Services (Routine)

Adult Routine Vision

Your Plan covers one routine vision exam, including refraction, and one pair of lenses every 24 months. There is a benefit maximum of \$100 every 24 months for exams and lenses combined.

Pediatric Routine Vision

Your Plan covers one routine vision exam, including refraction, and one pair of lenses every 24 months. There is no dollar limit.

Contact Lenses

For contact lenses, "one pair of lenses" is determined by your prescription as follows:

- prescribed annually: benefits are provided for one pair of lenses (one year supply) every 24 months
- prescribed monthly: benefits are provided for six pairs of lenses (six month supply) every 24 months
- prescribed bi-weekly: benefits are provided for six pairs of lenses (three month supply) every 24 months

- prescribed daily: benefits are provided for 30 pairs of lenses (one month supply) every 24 months

Exclusions

The routine visit benefit does not cover:

- sunglasses;
- frames;
- repair of lenses or frames; or
- cosmetic extras such as tinting or coating of lenses.