



**How To Use This Vision Care Plan**

This Plan pays for vision exams when performed by a licensed ophthalmologist or optometrist. Lenses and frames are covered and can be purchased through either a participating or non-participating provider. There is no deductible for covered vision services or supplies and the benefits are paid after a \$5.00 co-payment for exams and at 100% up to the limits listed below, for other services.

ODS has a broad panel of contracted vision providers statewide who participate in the ODS Plus Network. **Members will maximize their benefits by using these providers for vision services.**

Service	Benefit Amount
<b>Eye Examination (complete, including refraction): once in a calendar year</b>	100% after a \$5 co-pay
<b>Lenses once in a calendar year</b>	
Single Vision (per pair)	\$40
Bifocal (per pair)	\$60
Trifocal (per pair)	\$80
Contacts (per pair)	\$150
<b>Frames: once every 2 calendar years</b>	\$110

**LIMITATIONS**

This plan will pay for one exam and one pair of contact lenses or one pair of lenses per insured individual up to the allowable amount once every calendar year. Frames are covered once every 2 calendar years. The Plan will not pay for both contact lenses and glasses within the same calendar year period.

**EXCLUSIONS**

We will not pay for:

- \* Any of the following services and supplies:
  - \* visual field charting;
  - \* orthoptics or vision training;
  - \* lenticular lenses;
  - \* subnormal vision aids;
  - \* aniseikonic lenses;
  - \* tinted lenses, except no. 1 and no. 2 pink;
  - \* non-prescription lenses; or
  - \* more than the allowance for a standard prescription when multi-focal hard resin lenses, coated lenses or no-line bifocals (blended-type) are chosen;
- \* 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.
- \* Replacement of lost, stolen or broken lenses or frames.
- \* Duplicate or spare eyeglasses or any lenses or frames.
- \* Any expense you do not have to pay.
- \* Any expense paid in whole or part by any other provision of the Group Health Insurance Plan provided by the policyholder

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