

SUMMARY OF VISION BENEFITS

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This Plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be Medically Necessary and can be rendered by any Vision Professional who is licensed to perform the services. Plan Members will have a 90-day waiting period prior to benefits being paid by the Plan for Hardware & Other Services. All eligible vision services apply to a combined maximum Plan payment of \$600 per Plan Member per Benefit Year. Charges that exceed the maximum Plan Benefit Year payment, or that are not covered benefits of the Plan, will be the Plan Member's responsibility for payment.

Benefit Year, Annual Deductible, Benefit Year Maximums				
Annual Deductible	None			
Benefit Year Maximum Payment by the Plan	\$600 per Plan Member for combined services			
Waiting Period for Hardware & Other Services	90 days			
Lasik Services	Not Covered by the Plan			
Cosmetic Services	Not Covered by the Plan			

Vision Service	Plan Member Pays	Plan Pays	Applies to Annual Max	Explanation & Limitations
Routine Eye Examination	\$25 Co-pay	100%	Yes	1 routine exam per Benefit Year per Plan Member to include: Physician exam Visual acuity test Glaucoma test Refraction Other Medically Necessary testing performed in the Physician's office
Hardware & Other Services 90-day waiting period prior to benefits being paid by the Plan.	\$0 Co-pay	100%	Yes	Includes: Frames Single lenses Bifocal lenses Trifocal lenses Progressive lenses Lenticular lenses Contacts (conventional or disposable) Anti-Scratch Coating Anti-Reflective Coating Other Medically Necessary Hardware & Services