

VISION

Outline of Coverage | 2011

Benefit Period

Calendar Year (January 1 - December 31)

Covered Services

Eye Examination and Optical Services

The plan will pay the reasonable expense up to the maximum allowance applicable, as indicated below. The member will be responsible for any balances between the allowance indicated and the charged fees regardless of participating status of the provider.

“Eye Examinations and Optical Services” means the following when rendered by a duly licensed practitioner acting within the scope of his/her license:

- A comprehensive medical eye examination including a diagnostic ophthalmic examination, or
- A complete vision survey and analysis

Schedule of Allowances

Examination or Survey and Analysis	\$60 <i>(Limited to one per benefit period)</i>
Frames	\$48
Single Vision Lenses	\$50
Bifocal (Single) Lenses	\$72
Bifocal (Double) Lenses	\$136
Trifocal Lenses	\$92
Lenticular (Including Aspheric)	\$320
Contact Lenses	\$98
Contact Lenses (Sole Treatment Option)	\$320 <i>(If your visual acuity cannot be made 20/70 or better with spectacle lenses, but can be made better than 20/70 with contact lenses.)</i>