



HIGHLIGHTS	AMOUNTS COVERED	
	In-Network	Out-of-Network
EXAMINATION Under 19-years-old once every 12 months; 19-years-old and over once every 24 months	100% after \$10 copay	\$32
CONTACT LENSE EVALUATION AND FITTING Under 19-years-old once every 12 months; 19-years-old and over once every 24 months	100%	\$20 daily; \$30 extended
FRAMES Under 19-years-old once every 12 months; 19-years-old and over once every 24 months (up to a specified dollar amount); overages at retail less 30%	\$60 retail	\$60 retail
EYEGLOSS LENSES (per pair) Under 19-years-old once every 12 months; 19-years-old and over once every 24 months		
Single Vision Standard Lenses	100%	\$24 retail
Bifocal Standard Lenses	100%	\$36 retail
Trifocal Standard Lenses	100%	\$46 retail
Aphakic/Lenticular Standard Lenses	100%	\$72 retail
CONTACT LENSES* Under 19-years-old once every 12 months; 19-years-old and over once every 24 months		
Disposable (unlimited boxes); overages at retail less 25%	Up to \$75 retail	Up to \$48 retail
Hard/soft daily wear and spherical; overages at retail less 25%	100%	Up to \$48 retail
Specialty lenses including but not limited to: bifocal, toric or gas permeable; overages at retail less 25%	Up to \$75 retail	Up to \$48 retail
Medically necessary (per pair)	100%	\$200
VALUE ADDED BENEFITS	AMOUNTS COVERED	
LENS OPTIONS		
Solid Tint	Retail less 30%	No discount
Gradient Tint	Retail less 30%	No discount
Scratch Coating	Retail less 30%	No discount
Ultraviolet Coating	Retail less 30%	No discount
Anti-reflective Coating	Retail less 30%	No discount
Photochromatic	Retail less 30%	No discount
Progressive Standard Lenses	Retail less 30%	No discount
Specialty lenses including but not limited to: Polycarbonates and High Index	Retail less 30%	No discount
ADDITIONAL SUPPLIES Includes additional eyeglasses, sunglasses, safety glasses, contact lens solution and/or optical supplies	Retail less 20%	No discount
LASIK SURGERY Surgery must be through participating providers	Retail Discount	No discount

* Payment will be made for either frames/lenses or contact lenses within a benefit period. Payment will not be made for both.

This is a general description of benefits, limitations and exclusions of the vision plan coverage; the terms and conditions of coverage shall be governed solely by the contract issued to the group. Contact your employer for additional benefit details.

Wal*Mart stores participate with most Capital BlueCross plans, therefore Wal*Mart providers will administer the examination, contact lens evaluation/fitting, and standard eyeglass lens benefits as stated above. However, discounts are not available as stated for frames, lens options, additional supplies or contact lenses.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

Benefits will be administered by National Vision Administrators, LLC. (NVA). Insured Plans will be underwritten by AIG.

Capital BlueCross is an Independent Licensee of the Blue Cross and Blue Shield Association

Vision Plan 4 – Standard Benefit Exclusions

The group contract will contain standard benefit exclusions and limitations (which will vary by contract and riders purchased).

EXCLUSIONS

Except as specifically provided in the Contract and in addition to any limitations set forth in the Contract, no benefits shall be provided:

1. For examinations or materials which are not listed herein as a Covered Service;
2. For medical attention or surgical treatment of the eye;
3. For diagnostic services, such as diagnostic X-rays, cardiographic, encephalographic examinations and pathological or laboratory tests;
4. For drugs or any other medications;
5. For procedures determined to be special or unusual (orthoptics, vision training, subnormal vision aids, tonography, etc.);
6. For eye examinations or materials sponsored by the Subscriber's employer without charge to the Subscriber;
7. For any illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of the Worker's Compensation Act as amended from time to time. This Exclusion applies whether or not the Subscriber claims the benefits or compensation;
8. For which a Subscriber would have no legal obligation to pay;
9. Received from a medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group;
10. Incurred prior to the member's effective date;
11. Incurred after the date of termination of the Subscriber's coverage;
12. For telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
13. For duplicate and temporary devices, appliances, and services;
14. For which the Subscriber incurs no charge;
15. In a facility performed by a Professional Provider who in any case is compensated by the facility for similar Covered Services performed for patients;
16. No payment will be made for replacement of lost, stolen, broken or damaged lenses, contact lenses or frames, unless the member would otherwise meet the frequency limitations;
17. Parts or repair of frame;
18. To the extent payment has been made under Medicare when Medicare is primary or would have been made if the Subscriber had applied for Medicare and claimed Medicare benefits; however, this Exclusion shall not apply when the Group is obligated by law to offer the Subscribers all the benefits of this Contract and the Subscribers so elect this coverage as primary;
19. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law;
20. For any loss sustained or expenses incurred during military service while on active duty; or as a result of an act of war, whether declared or undeclared;
21. Resulting from the commission or attempt to commit a felony by the Subscriber;
22. Covered under the Group's Medical-Surgical Contract;
23. Any Professional Services other than those specifically provided in the Professional Services Vision Care Benefits Section of the Contract;
24. Lenses which do not require a prescription; and
25. Cost of any insurance premiums indemnifying the subscriber against losses for lenses or frames.