

Vision Benefits Program



Benefits underwritten or administered by QCC Ins. Co., a subsidiary of Independence Blue Cross ®
Independent Licensees of the Blue Cross and Blue Shield Association.

SECTION 1 – SCHEDULE OF BENEFITS

VISION CARE BENEFITS

Subject to the Exclusions, conditions and Limitations of this Benefit Booklet, a Member is entitled to benefits for Covered Services described in this section during a Benefit Period, and in the amounts as specified in this ***Schedule of Benefits*** section.

Benefit Period	one calendar year
Coinsurance	None
Benefit Period Maximum (Participating or Non-Participating)	\$75 for all Covered Services and Supplies; except eye examination services are not included in this Benefit Period Maximum.

SCHEDULE OF COVERED SERVICES

COVERED SERVICES

**AMOUNTS PAYABLE AND LIMITATIONS
ON COVERED SERVICES**

	<u>Participating*</u>	<u>Non-Participating</u>
Eye examination, including refraction and glaucoma screening and dilation, as professionally indicated.	100% of the Provider's Reasonable Charge.	100% of the Provider's Reasonable Charge, up to a Maximum of \$35.
Eyeglasses, including Spectacle Lenses and Frames (one pair).		100%, up to a Maximum of \$75 for Eyeglasses, including Spectacle Lenses and Frames, or Contact Lenses.
Contact Lenses (in lieu of eyeglasses) including Standard, Specialty and Disposable Lenses and Evaluation and Fitting	100%, up to a Maximum of \$75	

Out-of-pocket expenses incurred by a Member for pediatric Vision Care benefits will be included in the calculation of the Member's overall medical plan out-of-pocket limit.

- * The Carrier reserves the right to modify the ***Schedule of Covered Services*** from time to time, subject to prior notice to the Group.

SECTION 2 – VISION CARE BENEFITS COVERED SERVICES

Subject to the Exclusions, conditions, and Limitations set forth in this Benefit Booklet, a Member is entitled to benefits of this benefit section for Covered Services rendered by a Professional Provider or Supplier, unless otherwise indicated, in the amounts specified in the section entitled ***Schedule of Benefits***.

This program allows the Member to maximize the Member's Vision Care benefits by utilizing Participating Providers. When the Member goes to a Participating Provider for an eye examination, the Member is assured of little or no out-of-pocket cost. When the Member purchases vision care hardware, such as frames and spectacle lenses or contact lenses, from a Participating Provider/Supplier, the Member may have no out-of-pocket costs, depending on the Member's choice of hardware. The program requires a Copayment amount for the purchase of some specialty hardware supplies, as shown in the ***Schedule of Benefits***. However, using Participating Providers will lower the Member's out-of-pocket costs and allow the Member to purchase most vision care hardware at fixed, reduced prices. The Member will receive a listing of the Professional Providers that participate in the OCC Insurance Company's Vision Care Program.

The Program also provides benefits if the Member chooses to use Non-Participating Providers and Suppliers. Benefits are payable up to the Benefit Period Maximum amounts shown in the ***Schedule of Benefits*** for eye examinations and vision care hardware provided by Non-Participating Providers.

Professional Services

▪ **Eye Examination Services**

Such services, performed by a Professional Provider, as defined in the section entitled ***Defined Terms*** shall include, but are not limited to:

- Case history.
- Visual acuity, near and far.
- External examination, including biomicroscopy or other magnified evaluation of the anterior chamber.
- Objective, subjective and ophthalmoscopic examinations.
- Binocular measure.
- Summary, findings, and recommendations.

- Hardware

- Contact Lens Prescription and Fitting Services

Such services, performed by a Professional Provider shall include, but are not necessarily limited to:

- Keratometry, or "K" reading, through the use of a keratometer to determine measurements of the eyes, curvature and base curve.
- Proper fitting of appropriate contact lenses, including the training of insertion and removal of trial contact lenses to the Member's corneas.
- Post-dispensing contact lens follow-up care, including correction of any ill-fitting or unsuitable lenses.

Contact Lens Prescription and Fitting Services must be preceded by Eye Examination Services as described in the "Eye Examination Services" subsection shown above.

- Post-Refractive Services

Post-refractive Services consist of the ordering of lenses and frames (facial measurements, lenticular formula and other specifications), cost of the materials, verification of the completed prescription upon return from the laboratory, adjustment of the completed eyeglasses to the Member's face and the subsequent servicing (For Example, refitting, realigning, readjusting, tightening).

Limitations

- In cases involving Covered Services in which the Professional Provider or Supplier and Member elect to utilize photogrey or light sensitive lenses, the program may provide benefits providing the Member qualifies for such benefits. See the **Schedule of Benefits** for the benefit allowance, if any.
- Payment for frames, or spectacle lenses and/or contact lenses will be made only if prescribed by a Professional Provider or Supplier.

SECTION 3 - EXCLUSIONS - WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

- For examinations or materials which are not listed herein as a Covered Service;
- For any lenses which do not require a prescription;
- For an eye examination without a refraction;
- For replacement of lost, stolen, broken or damaged lenses, contact lenses or frames unless the Covered Person would otherwise meet the frequency limitations. However, this does not apply to plan-supplied frames and spectacle lenses obtained from a Participating Provider if breakage occurs during normal use within 365 days of the dispensing date;
- For the cost of any insurance premiums indemnifying the Covered Person against losses for lenses or frames;
- For sunglasses not requiring a prescription; VDT eyeglasses, safety eyeglasses and safety goggles;
- For medical attention or surgical treatment of the eye;
- For diagnostic services, such as diagnosis X-rays, cardiographic, encephalographic examinations and pathological or laboratory tests;
- For drugs or any other medications;
- For procedures, such as but not limited to, orthoptics, vision therapy, subnormal vision aids, and tonography;
- For eye examinations or materials sponsored by the Covered Person's employer without charge to the Covered Person;
- 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 the Worker's Compensation Law or any similar Occupational Disease Law or Act. This exclusion applies whether or not the Covered Person claims the benefits or compensation, unless the Covered Person is an owner or executive officer and claims an exemption permitted by law;
- For which a Member would have no legal obligation to pay;
- 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;
- Incurred prior to the Member's Effective Date;
- Incurred after the date of termination of the Member's coverage except for lenses and frames prescribed prior to such termination and delivered within thirty (30) days from such date;
- For telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
- For duplicate and temporary devices, appliances, and services. This exclusion does not apply to disposable contact lenses;
- For which the Member incurs no charge;
- In a facility performed by a Professional Provider or Supplier who in any case is compensated by the facility for similar Covered Services performed for patients;
- Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan;
- For any loss sustained or expenses Incurred during military services while on active duty; or as a result of an act of war, whether declared or undeclared;

- Paid or payable by Medicare when Medicare is primary. For purposes of this Plan, a service, supply or charge is "payable under Medicare" when the Covered Person is eligible to enroll for Medicare benefits, regardless of whether the Covered Person actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits;
- For low vision aids;
- For eyeglass frames and contact lenses dispensed within the same Benefit Period by a Participating Provider;
- Other than specifically provided in the section entitled ***Vision Care Benefits*** of this Booklet / Certificate.