

**SUMMARY OF
BENEFITS**
Douglas County



VISION PLUS VAR
Group C063 and C064

The amounts listed below are the maximum benefits available for all vision exams, lenses, and frames furnished during any benefit period. If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If only one lens is supplied, the allowance for the lens is 50% of the lens allowance shown below.

There is **no deductible** for covered vision services or supplies and the benefits are paid at 100% of the maximum plan allowance, up to the limits listed below.

SERVICE/SUPPLY	BENEFIT
Eye Exam	
Participating Providers	100%
Nonparticipating Providers	\$40
Network Not Available	100% of UCR
*Lenses (maximum per pair)	
• Single Vision	\$56
• Bifocal	\$84
• Trifocal	\$116
• Lenticular	\$236
Progressive	\$116
*Frames	\$75
*Contacts (in place of glasses)	\$131
* <i>Participating Providers discount these services.</i>	
• <i>Participating Providers accept these benefit amounts as payment in full.</i>	

BENEFIT PERIOD

These vision care benefits are provided as shown above every calendar year for those under age 17 and every 2 years for those 17 years and older. Whether covered under the vision care benefit or the medical portion of this plan, the plan allows for only one pair of contact lenses, disposable contacts, or one pair of glasses (including lenses for glasses and/or frames) per enrollee up to the allowable amount every one or two years months depending on age.

EXCLUSIONS

This plan does not cover:

- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids.
- Tint.
- Plano contact lenses.
- Anti-reflective coatings or scratch resistant coatings.
- Separate charges for contact lens fitting.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Charges for services or supplies covered in whole or in part under any other medical or vision benefits provided by the employer.
- Eye exams required as a condition of employment, or required by a labor agreement or government body.
- Expenses covered under any workers' compensation law.
- Services or supplies received before this plan's coverage begins or after it ends.