

National Employees Health Plan

RETIREE VISION COVERAGE, LIMITATIONS AND EXCLUSIONS

Schedule of Vision Benefits - Retirees may elect to purchase vision coverage as follows:

	<u>Vision One Copay</u>	<u>Maximum Benefit Amount</u>
-Eye Examination	\$10.00	\$25.00
-Eyeglass Frames	\$0 (Selected Frames)	\$30.00
-Single Vision Lenses	\$10.00	\$30.00
-Bifocal Lenses	\$10.00	\$40.00
-Trifocal Lenses	\$10.00	\$50.00
-Lenticular Lenses	\$10.00	\$60.00
-Pair of Contact Lenses	\$10.00	\$60.00
-One Contact Lens	\$10.00	\$30.00

Covered Vision Charges

The covered charges shall mean only the usual charges of a optician, optometrist or ophthalmologist which an individual is required to pay for services and supplies which are necessary for treatment of a visual condition, but only to the extent that those charges are for services and supplies customarily employed for treatment of that condition, and only if rendered in accordance with accepted standards of vision practice. The expenses will be only those incurred in connection with covered vision services. Benefits are available only for the Employee, spouse and Dependent children until the end of the calendar year they turn 19, or until the end of the calendar year they turn 25 if a full time student and only under the coverages which are listed in the Schedule of Vision Coverage.

Covered Services

- Complete eye examination.
- Single vision prescription lenses.
- Bifocal vision prescription lenses.
- Trifocal vision prescription lenses.
- Contact lenses.
- Eyeglass frames or repairs to frames.

Vision Limitations

Eye examinations but no more than once every twelve (12) months. One pair of lenses but no more often than once every twelve (12) months.

One set of frames or repair to frames but no more than once every twelve (12) months.

Benefit for frames are not covered if contact lenses are obtained within the same consecutive twelve (12) month period.

No vision benefit expenses will be payable for or in connection with:

1. Vision care services or supplies furnished by or at the direction of the United states government or any governmental agency; or
2. Vision care performed by a person other than an optician, optometrist, or ophthalmologist; or
3. Medical or Surgical treatment of the eye; or
4. Sunglasses, plain or prescription; or
5. Safety glasses; or
6. Vision training; or
7. Orthoptics; or
8. Treatment of aniseikonia; or
9. Replacement of glasses due to loss or theft unless the time limitation placed on the service has elapsed; or
10. Routine examinations required by an employer connection with the occupation of a Covered person; or
11. Frames if contact lenses are obtained within the same consecutive twelve (12) month period; or
12. Vision services or supplies received from a medical department maintained by an employer, a mutual benefit association, a labor Union, trustee, or similar group, or
13. For claims submitted for payment beyond one (1) year after the service was rendered..