

## VISION COVERAGE

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### COVERAGE UNDER THE VISION PROGRAM

If you are enrolled in the TCN plan for medical coverage, or in an Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) that does not provide Vision Care Coverage, this section describes your Vision Care program. However, if you are enrolled in an HMO or PPO that provides vision care coverage, your Vision Care coverage will be provided by that plan, and you should contact the carrier for information about vision benefits.

The Vision Program is administered by SVS. Contact information is listed in this Schedule of Benefits.

### HOW VISION COVERAGE WORKS

Vision coverage provides assistance toward the cost of routine eye exams, lenses, and frames through a national network of participating ophthalmologists, optometrists, and optical facilities.

Services covered under vision provisions include, but are not necessarily limited to, the items below:

- One vision examination (by an optometrist or an ophthalmologist) in any period of 12 months plus one referral (when medically necessary) to an ophthalmologist for re-examination within 60 days from the date of initial examination (for those residing within 25 miles of a network provider, referral must be made by the Network provider).
- One pair of lenses and frames or contact lenses in any period of 24 months.
- Contact lenses in lieu of regular lenses and frames.
- Children, to the end of the calendar year in which they become sixteen years of age, who are diagnosed as having severe progressive myopia (i.e. myopia at 2.00 diopter or greater and progressing at the rate of 1.00 diopter or more per year in the meridian of greatest change) will be eligible for an additional, 12 months (365 days) after the most recent examination paid for by the program.

If the examination reveals a change of 1.00 diopter or more has occurred during the preceding 12 months, appropriate corrective lenses (but not frames) will be provided by the program. If the change is less than 1.00 diopter, lenses will not be provided by the program until 24 months has elapsed since the program provided the most recent lenses. Subsequent examinations will be limited to the normal 24-months interval unless the child is again diagnosed as having severe progressive myopia.

- If you (or your eligible dependent) are an insulin-dependent diabetic, you may obtain a vision examination each calendar year. If you have a change of .5 diopter or 10 degree axis, you may receive one pair of lenses on an annual basis (but not new frames). In order to receive these benefits, you must provide a letter from your personal physician to the optometrist or ophthalmologist stating that you are insulin-dependent. For those enrolled in an HMO or PPO plan and covered under the SVS program, the annual eye exam is provided at an HMO or PPO location and the lenses, if necessary, are obtained from an SVS location.

- When eligible for lenses, and until the enrollee's thirteenth birthday, coverage will be provided for scratch-guard coating on plastic lenses when received from a network provider. Scratch-guard coating will be covered under the program not more frequently than once every two calendar years.
- Warranty on lenses and/or frames received from a Network provider.

Most lenses or frames you receive from a network provider are under warranty for two years (there is a one-year warranty for rimless frames). The warranty begins on the date you receive your lenses and/ or frames and works according to a point system.

During the two-year warranty period (or one year period for rimless frames), a total of 10 replacement points are provided for services received. If any eyeglass part is repaired or replaced, the point value of the repaired or replaced part, as described below, will be subtracted from the total number of replacement points remaining.

	10 points
Each Lens.....	2 points
Each Temple.....	2 points
Frame Front.....	2 points

If you use all 10 replacement points before the expiration of the warranty period, you will be responsible for paying any additional repair or replacement costs. This warranty does not cover scratched lenses. Broken part(s) must be submitted to qualify for this replacement plan.

### **VISION COVERAGE EXCLUSIONS**

Vision services excluded from coverage include but are not limited to:

- Any lenses that do not require a prescription.
- Medical or surgical treatment of the eye.
- Drugs or any other medication not administered for the purpose of a vision testing examination.
- Visual training, orthoptics, visual therapy for learning disorders, low vision aids, aniseikonic lenses, aphakic lenses (if for conditions of surgical aphakia and tonography).
- Vision examinations, lenses, or frames furnished for any condition, disease, ailment or injury arising out of and in the course of employment.
- Vision examinations performed and lenses and frames ordered before you become eligible for coverage or after the termination of your coverage.
- Lenses or frames which are not necessary according to accepted standards of ophthalmic practice, or which are not ordered or prescribed by the attending physician or optometrist.
- Changes for vision testing examinations, lenses or frames to the extent for which benefits are payable under any health care programs supported in whole or in part by funds of the Federal government or any state or political subdivision thereof.

- Charges for vision testing examinations, lenses or frames to the extent for which benefits are payable under any other group policy or pre-payment arrangement.
- Lenses or frames ordered while coverage is in effect but delivered more than sixty (60) days after coverage is terminated.
- Charges which exceed the stated reimbursement levels or which otherwise exceed plan benefits.

## **VISION NETWORK PROVIDERS**

The vision network is made up of vision providers who have agreed to accept reimbursement based on a regional fee schedule, to meet certain contractual standards of quality, and to provide a selection of frames available to you at no cost.

Going to a participating vision network provider will reduce your out-of-pocket expenses. First of all, you will have no Co-payments or out-of-pocket expense for covered vision services such as a routine vision exam, regular size lenses, certain designated frames that cost less than \$60, or Medically Necessary contacts. Secondly, if you choose to upgrade your frame selection by selecting a more expensive frame, the retail price of the frame will be discounted. Finally, there are many popular non-covered lens features whose prices are limited or “capped” under the participating Provider agreement.

In addition, participating Providers can check on your eligibility, file your claim and be authorized by you to receive the reimbursement for covered services directly from the Vision Benefits Manager. Information about participating Providers in your area is available by calling your Vision Benefits Manager.

Generally, if you choose to receive covered vision services from a non-participating vision Provider you will have to pay the Provider and file your own claim with the Vision Benefits Manager. The Vision Benefits Manager will reimburse you directly based on a fee schedule.

- How do I submit a claim for services received from a Non-Network Provider?  
If you or your eligible dependent receives services from a non-network provider, you must submit a claim form. Claim forms are available upon request from SVS Vision or by visiting the following web site: [www.svsvision.com](http://www.svsvision.com). Submit completed claim forms, along with your itemized receipt, to SVS Vision Managed Care, Inc. P.O. Box 464, Mt. Clemens, MI 48046-0464. You will be reimbursed up to the amounts described. If you or your eligible dependent receives vision care services from a Network provider, no claim forms are required.

If you live more than 25 miles from a participating Provider and choose to receive covered services from a non-participating Provider, then your reimbursement will be based on the Allowed Amount as determined by the Vision Benefits Manager.

The following table demonstrates how Vision Coverage benefits are provided:

Services	Service Obtained from a Network Provider	Service Obtained from a Non-Network provider but <u>Member Lives more than 25 miles from a Network Provider</u>	Service Obtained from a non-Network provider and <u>Member lives within 25 miles of a Network Provider</u>
Vision Testing Exam	Full Coverage	\$45	\$0
Reexamination by an Ophthalmologist	\$45	\$45	\$0
Regular lenses: (Glass or Plastic) ➤ Single Vision ➤ Bifocal ➤ Trifocal ➤ Special (lenticular, aspheric, etc.)	Full Coverage	<ul style="list-style-type: none"> <li>➤ \$59</li> <li>➤ \$79</li> <li>➤ \$99</li> <li>➤ \$99</li> </ul>	\$13
Lens Options: ➤ Tints equal to Rose 1 and 2 ➤ Scratch resistant coating for those age 13 and under ➤ Lenses more than 65 millimeters in diameter	Full Coverage	\$0	\$0
Standard Frames	Full Coverage	\$49	\$13
Designer Frames	\$40	\$49	\$13
Contact lenses (instead of eyeglasses) ➤ Not medically necessary Hard of soft contact lenses ➤ Professional fees (fitting and follow up)	<ul style="list-style-type: none"> <li>➤ \$75</li> <li>➤ \$40</li> </ul>	\$89	\$37
➤ Medically necessary to achieve 20/70 in better eye or to correct keratoconus, irregular astigmatism, or irregular corneal curvature as diagnosed by an M.D. or O.D., includes professional fees and contact lenses	Up to \$350	\$200	\$52.50