



Unified Insurance Program

Vision Plan Summary

Vision benefits are covered through Premera Blue Cross and includes the following:

Vision Exam

One routine vision exam per covered family member each calendar year. You pay a \$25 copay when you use a Premera in-network provider.

Vision Hardware

Benefits for the following vision hardware and related services are provided at 100% of allowable charges, up to a maximum benefit of \$200 per covered family member every 2 consecutive calendar years, resetting on each odd calendar year.

What's covered:

- Prescription eyeglass lenses (single, bifocal, trifocal, quadrifocal or lenticular)
- Frames for prescription eyeglasses
- Prescription contact lenses (soft, hard or disposable)
- Prescription safety glasses
- Prescription sunglasses, to include lenses and frames
- Special features, such as tinting or coating
- Fitting of eyeglass lenses to frames
- Fitting of contact lenses to eyes

What's not covered:

- Services or supplies that aren't named above as covered
- Non-prescription eyeglasses or contact lenses, or other special purpose vision aids (such as magnifying attachments) or light-sensitive lenses, even if prescribed
- Non-prescription sunglasses (lenses and/or frames)
- Vision therapy, eye exercise, or any sort of training to correct muscular imbalance of the eye (orthoptics) or pleoptics
- Supplies used for the maintenance of contact lenses

This is not a complete explanation of covered services, exclusions, or limitations. Please review your Summary Plan Description for a complete explanation of the vision benefit. We have made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this summary and the Summary Plan Description, the Summary Plan Description and other legal documents will govern.