

Southland National Vision Program Coverage and Maximum benefits

Examination actual charges not to exceed:	40.00
Lenses not to exceed:	
Single Vision	50.00
Bifocals	75.00
Trifocals	100.00
Lenticular	125.00
Contacts	100.00
Frames	60.00

* Plan provides either contact or lenses and frames, but not both in any plan year.

** It is the responsibility of the member to submit a claim for either lenses or contacts and the payment will be made based on the date the claim is received.

LIMITATIONS

Examinations: One in any Plan Year.

Lenses: One new prescription or replacement in any Plan Year. Benefits are not available under the plan for both lenses and contacts in the same Plan Year.

Contacts: One new prescription or replacement in any Plan Year. Plan provides either contacts or lenses and frames, but not both in any Plan Year.

Frames: One new or replacement in any Plan Year.

Vision Examination: Consisting of one or more, but not limited to the following component services when performed by a licensed ophthalmologist or optometrist.

- * case history
- * external examination of the eye and adnexa
- * determination of refractive status
- * ophthalmoscopy
- * application of pharmaceutical agents for diagnostic purposes when indicated and allowed by state law
- * tonometry test for glaucoma when indicated
- * binocular measure
- * summary findings and recommendations
- * prescribing corrective lenses, if needed

DEFINITIONS

Bifocal Lenses: Lenses containing 2 foci (points of convergence of rays of light), usually arranged with the focus for distance above and a smaller segment for near focus below.

Trifocal Lenses: Lenses containing 3 foci, usually arranged with the focus for distance above, for intermediate distance in the middle, and for near vision below.

Lenticular Lenses: Special non-contact lenses for persons who have cataracts.

Contact Lenses: Lenses which fit directly on the eyeball under the eyelids.

Frames: A standard eyeglass frame into which two lenses are fitted.

Ophthalmologist: A licensed doctor of medicine or osteopathy legally qualified to practice medicine and who, within the scope of his or her license, performs vision examinations, prescribes lenses to improve visual acuity, and performs surgical procedures to the eye.

Optometrist: Any doctor of optometry legally qualified to practice optometry in the state in which Vision Care services are rendered, that performs vision examinations and prescribes lenses to improve visual acuity.

Optician: A person qualified in the state in which the service is rendered to supply eye-glasses according to prescriptions written by an ophthalmologist or optometrist, to grind or mold lenses or have them ground or molded according to prescription, to fit them into a frame and to adjust the frame to fit the face.

Lens or Lenses: Ophthalmic corrective lens or lenses, glass or plastic, ground or molded, as prescribed by an ophthalmologist or optometrist, to be fitted into a frame.

EXCLUSIONS

Vision Care Plan benefits will not be provided for certain charges, including but not limited to charges for:

1. Expenses incurred by or on account of an individual prior to such persons effective date of coverage under the plan;
2. Services or supplies for which coverage is provided or available under the Local Government Health Insurance Program, or by Workers' Compensation Laws, or by any Safety Lens program;
3. Drugs or any other medication;
4. Any medical or surgical treatments;
5. Special or unusual treatment such as orthoptics, vision training, sub-normal vision aids, aniseikonia lenses or tonography;
6. Services or supplies not prescribed by a licensed physician, optometrist, or ophthalmologist, and lenses which do not require a prescription;
7. Service or supplies which are experimental in nature or are not approved by the American Ophthalmology Association;
8. The extra charge for oversized, photo sensitive, or anti-reflective lenses, whether or not medically necessary;
9. Sun glasses, including lenses and frames;
10. Follow-up visits, fitting fees, dispensing fees, coating or care kits;
11. Expenses for which the individual is not required to make payment, including but not limited to, reductions or readjustments to the charges made by the health care provider;
12. All claims not submitted in writing, not completed, with the requisite certification of the health care provider or received by Southland more than 365 days following the claim occurrence.
13. Services of a physician who is related to the member by blood or marriage or who regularly resides in the same household.

COORDINATION OF VISION BENEFITS

If an enrolled member is covered under more than one group vision plan or is entitled to any other source, the total amount that is payable under all plans will not be more than 100% of the covered expenses.