

**SUMMARY OF BENEFITS: [ODS Health Plan, Inc.]**

<b>VISION BENEFIT</b>					
<b>Plan Year – October 1 through September 30</b>					
<b>Benefit Description</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>	<b>Plan 4</b>	<b>Plan 5</b>
<b>Plan Maximum</b>	\$250	\$350	\$450	\$600	See Allowances
<b>Routine Eye Exam (once per plan year)</b>	\$10.00 copayment	100%	100%	100%	100% up to \$64.50
<b>Lenses (once per plan year – one pair of lenses or contacts)</b>					
Single Vision	100%	100%	100%	100%	100% up to \$58.50
Bifocal	100%	100%	100%	100%	100% up to \$86.00
Lenticular	100%	100%	100%	100%	100% up to \$86.00
Trifocal	100%	100%	100%	100%	100% up to \$109.00
<b>Contact Lenses (once per plan year – contacts or one pair of lenses)</b>					
Conventional	100%	100%	100%	100%	100% up to \$192.50
Disposable	100%	100%	100%	100%	100% up to \$192.50
<b>Frames</b> Less than age 17 – once per plan year 17 and older – once in a two year plan period	100%	100%	100%	100%	100% up to \$75.00

**Limitations:**

Contracted providers are reimbursed up to their contracted amount. Non-contracted providers are reimbursed up to billed charges on Plans 1-4 and up to type of service maximums on Plan 5.

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### General Exclusions:

Orthoptics or vision training
Subnormal vision aids and any associated supplemental testing
Prisms, prism segs, slab-off, and other special purpose vision aids
Replacement of lost, stolen, or broken lenses, except at normal intervals
Medical or surgical treatment of the eyes or supporting structures
Corrective eyewear required by an employer and safety eyewear unless specifically covered
Services or supplies which are payable under a workers' compensation or occupational disease law
Hard and/or scratch resisting coating(s)
UV coating
Standard anti-reflective
Non-prescription lenses and sunglasses
Service or supply that is not necessary or does not meet professionally recognized standards
Lasik
PRK (photo refractive keratectomy)
Benefits Not Stated