



**Covered services**

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One routine vision exam every calendar year from participating optometrist.	\$10 copayment
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Case history, visual clarity (clearness of vision), external exam and measurement, internal exam with ophthalmoscope, pupillary reflexes and eye movements, retinoscopy (shadow test), subjective refraction, coordination measurement (far and near), medicating agents for diagnostic purposes, and tonometry (measurement of intraocular pressure).

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\$125 allowance every calendar year at participating or nonparticipating opticians towards contact lenses OR eyeglasses (frames and eligible prescription lenses, single vision, bifocal and trifocal lenses).	
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20% discount towards the purchase of frames and prescription lenses form participating opticians.	
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50% discount towards contact lens fittings from participating opticians.	
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**Exclusions**

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- Orthoptics, vision training, eye exercises or education instruction and materials.
  - Lenticular glasses for cataract surgery patients who do not receive lens implants.
  - Services for which benefits are paid under workers' compensation or any other similar law, whether benefits are payable for all or only part of the charges.
  - Services or materials that are not furnished by a participating ophthalmologist, optometrist, or optician.
  - Non-prescription materials including, but not limited to, non-prescription sunglasses and reading or magnification glasses.
  - Vision exams required as a condition for employment, or which the group is required to provide in compliance with a labor agreement or state or federal law.
  - Safety glasses or goggles required as a condition of employment.
  - Athletic or industrial lenses.
  - Replacement of lost or damaged lenses, contact lenses, or frames.
  - Services or materials received while the individual is not covered.
  - Mailing and/or shipping and handling expenses.

**Participating providers**

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See Provider Directory for participating providers.