

The following shows the vision benefits available under this plan for enrolled members for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled member turns 19. Co-payment and/or co-insurance for covered charges apply to the medical plan's out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member's responsibility and will not apply toward the member's medical plan deductible or out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Enrolled Members Age 18 and Younger		
Eye exam	No deductible, 0%	No deductible, 0% up to \$40 then 100%
Vision hardware	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
Enrolled Members Age 19 and Older		
Eye exam	No deductible, 0%	No deductible, 0% up to \$40 then 100%
Single vision lenses	No deductible, 0%	No deductible, 0% up to \$56 then 100%
Bifocal lenses	No deductible, 0%	No deductible, 0% up to \$84 then 100%
Trifocal lenses	No deductible, 0%	No deductible, 0% up to \$116 then 100%
Lenticular lenses	No deductible, 0%	No deductible, 0% up to \$236 then 100%
Progressive lenses	No deductible, 0% up to \$116 then 100%	No deductible, 0% up to \$116 then 100%
Frames	No deductible, 0% up to \$150 then 100%	No deductible, 0% up to \$150 then 100%
Contact Lenses (in lieu of glasses)		
Contact lenses	No deductible, 0% up to \$131 then 100%	No deductible, 0% up to \$131 then 100%

Benefit Limitations: enrolled members age 18 and younger

- One vision exam every calendar year.
- Vision hardware includes glasses (lenses and frames) or contacts (lenses and fitting) once per calendar year.

Benefit Limitations: enrolled members age 19 and older

- One vision exam every 12 months.
- Lenses: One pair every 12 months.
- Frames: Once every 24 months.
- Contact lenses: Once every 24 months.
- Elective contact lenses are in lieu of frames and lenses.

Exclusions

- Anti-reflective coatings and scratch resistant coatings.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Duplication of spare eyeglasses or any lenses or frames for members age 18 and younger.
- Expenses covered under any workers' compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Lens tint.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.
- Plano contact lenses.
- Polycarbonate lenses for enrolled members age 19 and older.
- Replacement of lost, stolen, or broken lenses or frames.
- Services or supplies not listed as covered expenses.
- Services or supplies received before this plan's coverage begins or after it ends.
- Special procedures, such as orthoptics or vision training.
- Special supplies, such as sunglasses (plain or prescription) and subnormal vision aids.
- Visual analysis that does not include refraction.

Important information about your vision benefits

Your PacificSource individual health plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers: PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services: Please remember to show your current PacificSource member ID card whenever you use your plan's benefits. Our provider contracts require in-network providers to bill us

directly whenever you receive covered services and supplies. Providers will verify your vision benefits.

In-network providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as co-payments and amounts over your plan's allowances. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions (sales and promotions are not considered insurance): Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your plan's in-network provider benefits cannot be combined with any other discounts or coupons. You can use your plan's in-network provider benefits, or you can use your plan's out-of-network provider benefits to take advantage of a sale or coupon offer.

If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's out-of-network provider benefits.