

Vision Services Rider

In consideration of additional Premium, the benefits contained in this Rider are added to the Certificate, subject to the limitations and Copayments described herein, if any. All provisions of the Certificate apply to this Rider, except as modified herein. It should be attached to and become part of the Certificate.

A. General

1. All benefits covered by this Rider must be provided by a Participating Vision Provider unless Member's designated Primary Care Physician is with a Medical Group/IPA that is responsible for providing an eye exam. If the Member's designated Primary Care Physician is with a Medical Group/IPA that provides the eye exam, the Member must obtain the eyeglass prescription from the Medical Group/IPA vision provider to present to the Participating Vision Provider in order to receive glasses or contacts at reduced rates.
2. No referral from a Participating Primary Care Physician is required.
3. The person receiving benefits under this Rider must be a Member when all services are provided and when all materials covered under this Rider are prescribed, ordered and dispensed; otherwise Member shall be required to pay for such services and materials at the Participating Vision Provider's usual and customary fees.
4. If the Member purchases from a Participating Vision Provider any vision care services or materials not available under Section D, of this Rider, the Member will pay Provider's usual and customary fees.

B. Definition

"Participating Vision Provider" means a provider of vision services licensed as required by the state of Texas who has contracted with HMO to provide vision services to Members.

C. How To Obtain Services

1. If the Member needs a list of Participating Vision Providers, the Member should call customer service for assistance or call the telephone number in the provider directory. Prescriptions for lenses must be filled by a Participating Vision Provider to receive them at reduced rates.
2. If the Member knows which Participating Vision Provider the Member wants to use, the Member can make an appointment with that Participating Vision Provider.
3. At the appointment, the Member selects lenses, frames and additional services or materials as applicable.
4. The Copayments payable hereunder, or payment, are to be paid to the Participating Vision Provider or designated Primary Care Physician, if applicable, at the time services are rendered and/or when ordering any lenses, frames or additional materials.

D. Standard Eyeglass Benefit

One (1) vision examination, including refraction and glaucoma screening, every twelve (12) months.

EYE EXAM

AMOUNT YOU PAY

Benefit Provided Every 12 Months

Spectacle

\$3.00 Copayment per examination

LENSES

AMOUNT YOU PAY

Single vision lenses

\$30.00 payment

Bifocal lenses

\$50.00 payment

Trifocal lenses

\$60.00 payment

Lenticular lenses

\$100.00 payment

Progressive lenses

\$100.00 payment

FRAMES

AMOUNT YOU PAY

Up to \$60.99 Retail Value

\$25.00 payment

\$61.00 to \$69.99 Retail Value

\$35.00 payment

Over \$70.00 Retail Value

\$35.00 payment,

Plus Member pays any amount over \$70.00

E. Restrictions

This plan only covers the basic eye examination required for glasses. No contact lens benefits are available under this rider for a contact lens exam, fitting, lenses or follow up services.

Coverage is for routine eye examination only when conducted in a single visit. Benefits for medical treatment of eye disease are not provided under this Rider, but are provided under Member’s Health Benefit Plan when deemed Medically Necessary by your Primary Care Physician.

F. Exclusions

The following are excluded from coverage:

1. Contact lens benefits
2. Treatment of the eyes, including orthoptics, vision training, vision therapy, ortho keratology, keratoconus, radial keratotomy or keratoplasty and any other procedures or services relating to the health of the eyes or correction of eyesight except as specified under this Rider;
3. Replacement of lost, stolen or broken frames and/or lenses;
4. Eye examinations required by employers, insurers, schools, camps, courts, licensing authorities and other third parties;
5. Services for which no charge is or would be made in the absence of this Rider;
6. Therapeutic or diagnostic ophthalmologic procedures;
7. Special purpose vision aids such as low vision aids, light therapy lenses and training lenses;
8. Two (2) pair of eyeglasses in lieu of bifocals;
9. Services or materials not provided by a Participating Vision Provider or designated Primary Care Physician, if applicable; and

10. Services provided or material prescribed, ordered or dispensed when the person receiving them is not a Member.

This Rider carries no conversion privilege, notwithstanding any provision of the Certificate which this Rider accompanies.

The Copayment described under this Rider does not apply toward fulfillment of the Copayment maximum per Calendar Year.

All other terms, conditions, exclusions and limitations of the Certificate to which this Rider is attached remain in full force and effect except as specifically modified by this Rider.