

ODS Vision Plan Summary:	
	Coverage
Plan Maximum	\$450.00
Routine Eye Exam (once per calendar year)	100%
Lenses (once per calendar year – one pair of lenses or contacts)	
Single Vision	100%
Bifocal	100%
Lenticular	100%
Trifocal	100%
Contact Lenses (once per calendar year – contacts or one pair of lenses)	
Conventional	100%
Disposable	100%
Frames	
<ul style="list-style-type: none"> • Less than age 17 – once per calendar year • 17 and older – once in a two year calendar period 	100%

Limitations: Contracted providers are reimbursed up to their contracted amount. Non-contracted providers are reimbursed up to the maximum plan allowable.

GENERAL EXCLUSIONS FOR ODS VISION PLANS:
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
Non-prescription lenses and sunglasses
Benefits Not Stated
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
Service or supply that is not necessary or does not meet professionally recognized standards
Hard and/or scratch resisting coating(s)
UV coating
Lasik
Standard polycarbonate
PRK (photo refractive keratectomy)
Charges Over the Maximum Plan Allowance
Standard anti-reflective