

City of Albany

Vision Summary

July 1, 2018

How To Use This Vision Care Plan

This Vision Care Benefit Rider allows you to choose any licensed ophthalmologist, optician or optometrist. The rider pays for vision exams for you and your insured dependents, and lenses and frames when prescribed by a licensed ophthalmologist or optometrist. There is no deductible for covered vision services or supplies, and the benefits are paid at 100% up to the limits listed below for those age 19 and over.

Vision plan	Benefit Amount
Eye Examination (complete, including refraction)	100% after \$20 copay
	What members pay
Lenses & Frames	\$400 Limit
Dependents up to age 19: Lenses, contacts and frames	No Maximum

Limitations:

We will only pay for one pair of glasses (lenses and frames) or contacts per insured individual up to the allowable amount every calendar year.

Exclusions:

No vision care benefits will be paid for the following services and supplies:

- > Treatment of eyes for special procedures such as orthoptics and vision training;
- > Charges for fashion eyewear features such as flint glass or blended (except tints #1 and #2);
- > Any extra charge for lenses with prisms, prism segs, slab-off and other special-purpose vision aids; Replacement of lenses and frames at a time the covered person is not otherwise eligible for new lenses and frames;
- > Nonprescription lenses;
- > Medical or surgical treatment of the eyes;
- > Services and supplies that are payable under a workers' compensation or occupational disease law; Any expense that results from an act of declared or undeclared war or armed aggression;
- > Any expense you or your dependents did not have to pay due to discounts received or other promotions;
- > Any expense paid in whole or in part by any other provision of the group health insurance plan provided by the policyholder.

How to use your Vision Care Program

This vision care benefit rider allows you to choose any licensed ophthalmologist, optician and optometrist. However for eye exams, members can expect to pay more out of their pocket by receiving services from out-of-network providers as expenses would be subject to Moda's maximum plan allowance. Hardware received from an in-network provider, are reimbursed at 100% of the provider's contracted fee. Hardware received from an out-of-network provider, covered benefits are reimbursed at the lesser of billed charges or up to the maximum of \$400.

Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Customer Service,
888-217-2363 (TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

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Portland, OR 97204
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Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 15019019 (8/16)

