

Vision Plan



Your Vision Plan provides coverage for services provided by Participating and Non-Participating physicians and providers as listed below. Under this plan, benefits for Participating providers are greater than benefits for Non-Participating providers. Once enrolled, the **Participating Vision Network** is the panel of providers for which you will receive the greatest benefits. For assistance in locating a Participating Vision provider please refer to your provider directory or visit our Web site at www.or.regence.com.

Benefit Features	Participating Benefit	Non-Participating Benefit
Examinations		
We Pay		
Your plan will pay for one examination every 24 months for you and your eligible dependents age 19 and over. Examinations for children under 19 years of age are covered every 12 months.	100% after \$20 copayment	70% after \$20 copayment
Lenses		
Your plan will pay up to the maximum allowance for one pair of lenses every 24 months for you and your eligible dependents age 19 and over. Lenses for children under 19 years of age are covered every 12 months.	100%	70%
Maximum Allowance for Lenses		
➤ Single vision lenses	\$96	
➤ Bifocal vision lenses	\$134	
➤ Trifocal vision lenses	\$180	
Frames		
Your plan will pay up to the maximum allowance for frames every 24 months for you or your eligible dependents when necessary to accommodate newly prescribed lenses.	100%	70%
Maximum Allowance for Frames		
➤ Frames	\$85	
Contact Lenses (as an alternative to lenses and frames)		
Your plan will pay up to the maximum allowance for one pair of lenses every 24 months for you and your eligible dependents age 19 and over. Lenses for children under 19 years of age are covered every 12 months.	100%	70%
Maximum Allowance for Contacts		
➤ Single vision lenses	\$181	
➤ Bifocal vision lenses	\$219	
➤ Trifocal vision lenses	\$265	

Please Note: Contact lenses are paid for in full if they are necessary after cataract surgery. In addition, this vision plan will pay for contact lenses if they are the only means to correct vision to 20/70 or better.

See page 2 for limitations and exclusions >

Limitations and Exclusions

Services And Supplies Not Covered

- Treatment of eyes or special procedures such as orthoptics and vision training.
- Charges for fashion eyewear features such as flintglass, blended, coated, tinted (except tints #1 and #2), or oversize lenses.
- Additional charges for partially covered frames.
- 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.
- The maximum allowances are subject to change without notice.

Please Note: *This summary provides a brief description of your vision plan and is not a guarantee of payment. Once enrolled, your benefits booklet can be viewed online at www.or.regence.com. Please refer to your benefits booklet for a complete list of benefits, definitions, and the limitations and exclusions that apply.*



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Toll-free, all areas 1 (800) 228-0978

TDD Line for people with hearing impairments 1 (800) 382-1003

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