

Supplement To Your CPIC Life Group Vision Insurance Certificate

Administration

The CPIC *Life* Vision Plan is administered by Medical Eye Services (MES). As The Administrator, MES verifies eligibility and handles complete claim administration from eligibility through benefit check issuance.

Provider Network

The Eye Care Network (ECN) is an organization through which participating ophthalmologists, opticians and optometrists accept the terms, conditions, and compensations of this Vision Plan.

Vision Care Benefits

The Policy provides payment for the following services:

- One comprehensive eye examination in a 12 consecutive month period. A comprehensive examination represents a level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity, but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields, and basic sensorimotor examination. It often includes as indicated: biomicroscopy, examination for cycloplegia or mydriasis, tonometry, and, usually, a determination of the refractive state unless it is already known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in presence of trauma or severe inflammation.
- One pair of lenses in a 24 consecutive month period, or at a 12 month interval if the examination indicates a Prescription Change.
- One frame in a 24 consecutive month period.
- One pair of contact lenses when medically necessary (when required for anisometropia or keratoconus, or following cataract surgery, or when visual acuity cannot be corrected to 20/70 in the better eye, except through the use of contacts).
- **One** pair of contact lenses for cosmetic reasons or for **convenience** may be chosen in lieu of other eye wear **once every** 24 consecutive months, or at a 12 month **interval** if the examination indicates a Prescription Change.

NOTE: A Prescription Change means any of the following:

- a) A change in prescription of 0.50 diopter or more in one or both eyes;
- b) A shift in axis of astigmatism of 15 degrees; or
- c) A difference in vertical prism greater than 1 prism diopter.

The Insured Person is not responsible for a copayment.

Schedule of Allowances

<u>Procedures</u>	Non- Participating Provider Allowed <u>Amount</u>
Comprehensive ophthalmologic examination	\$ 60.00
Comprehensive optometric examination	\$ 50.00

NOTE: Visits involving actual or suspected pathology or injury may be covered under the medical benefits of your health plan.

Single vision lenses	\$ 43.00
Bifocal lenses	\$ 60.00
Trifocal lenses	\$ 75.00
Aphakic monofocal	\$120.00
Aphakic multifocal	\$200.00
Lenticular monofocal	\$120.00
Lenticular multifocal	\$200.00
Frame	\$ 40.00

NOTE: The difference between the allowed amount and the charges for more expensive frame styles or unusual lenses, such as oversized lenses, will be your responsibility, whether dispensed by a Participating Provider or Non-Participating Provider. Participating Providers allow you to select from frame styles that retail to \$75.00 with lenses that fit an eye size less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional costs above the \$75.00. If the lenses are 61 millimeters or over, you are responsible for any difference between the allowance and the provider's charge.