



Covered services

One routine vision exam every calendar year from participating optometrist. \$10 copayment

Case history, visual clarity (clearness of vision), external exam and measurement, internal exam with ophthalmoscope, pupillary reflexes and eye movements, retinoscopy (shadow test), subjective refraction, coordination measurement (far and near), medicating agents for diagnostic purposes, and tonometry (measurement of intraocular pressure).

20% discount towards the purchase of frames and prescription lenses from participating opticians.

Exclusions

- Orthoptics, vision training, eye exercises or education instruction and materials.
- Services for which benefits are paid under workers' compensation or any other similar law, whether benefits are payable for all or only part of the charges.
- Services or materials that are not furnished by a participating ophthalmologist, optometrist, or optician.
- Vision exams required as a condition for employment, or which the group is required to provide in compliance with a labor agreement or state or federal law.
- Services received while the individual is not covered.

Participating providers

See Provider Directory for participating providers.