

Boise State University

The following shows the vision benefit available under this plan for enrolled members for all vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled member turns 19. Medical deductible, co-payment, and/or co-insurance for covered charges apply to the medical plan’s out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member’s responsibility and will not apply toward the member’s medical plan deductible or out-of-pocket limit.

Member Responsibility

Service/Supply	Participating Providers	Non-Participating Providers
Enrolled Members Age 18 and Younger		
Eye exam	\$20 co-pay/visit*	50% co-insurance*
Vision hardware	\$40 co-pay* for one pair per year for non-collection frames and/or lenses	50% co-insurance*

* Not subject to annual medical deductible.

Benefit Limitations: enrolled members age 18 and younger

‘Collection’ lenses and/or frames refers to brand name hardware when comparable non-brand/non-collection lenses and/or frames are available. Collection glasses (lenses and frames) are not covered.

- One vision exam every contract year.
- One pair of non-collection glasses (lenses and frames) per contract year.
- In lieu of eyeglasses, elective contact lens services and materials are covered with the following limitations per contract year:
 - Standard = 1 contact lens per eye (total 2 lenses); OR
 - Monthly = 6 lenses per eye (total 12 lenses); OR
 - Bi-weekly = 6 lenses per eye (total 12 lenses); OR
 - Dailies = 30 lenses per eye (total 60 lenses).

Exclusions

- Lenses, frames, or contact lenses, for enrolled members age 19 and older.

- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids.
- Tint.
- Plano contact lenses.
- Anti-reflective coating and scratch resistant coatings.
- Separate charges for contact lens fitting.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- Nonprescription lenses.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Expenses covered under any worker's compensation law.
- Services or supplies received before this plan's coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by the employer.
- Medical or surgical treatment of the eye.

Important information about your vision benefits

Your PacificSource health plan includes coverage for vision services. To make the most of those benefits, it's important to keep in mind the following:

Participating Providers

PacificSource is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services

Please remember to show your current PacificSource ID card whenever you use your plan's benefits. Our provider contracts require participating providers to bill us directly whenever you receive covered services and supplies. Providers will verify your vision benefits. Participating providers should not ask you to pay the full cost in advance. They may only collect your share of the expense up front, such as copayments and amounts over your plan's allowances. If you are

asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and they should bill PacificSource directly.

Sales and Special Promotions (sales and promotions are not considered insurance)

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because participating providers already discount their services through their contract with PacificSource, your plan's participating provider benefits cannot be combined with any other discounts or coupons. You can use your plan's participating provider benefits, or you can use your plan's non-participating provider benefits to take advantage of a sale or coupon offer. If you do take advantage of a special offer, the participating provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and we will reimburse you according to your plan's non-participating provider benefits