

VISION CARE OPTION #11
PREFERRED PLANS
 (Except HSA-Qualified Preferred Plan 80/80/60
 and Asuris HSA Healthplan)



Asuris Northwest Health offers groups several ways to enhance our standard benefit packages. The following vision care option is available to most groups and plans, unless indicated otherwise. Additional options may be available for groups of 100 or more. Contact your Sales contact for more information.

Eye Examination	One routine eye exam per calendar year is covered in full when services are rendered by a Preferred Plan, participating, or recognized physician, or a Preferred Plan, participating, or recognized optometrist to determine the need for a new or changed prescription for corrective lenses. Fittings for contact lenses are not covered. Benefits are not subject to copay or deductible requirements.												
Lenses and Frames	<p>Benefits for lenses and frames will be provided, when prescribed by a Preferred Plan, participating, or recognized physician, or a Preferred Plan, participating, or recognized optometrist to correct a refractive error. Benefits are not subject to copay or deductible requirements.</p> <p>For lenses and frames obtained from a participating optical provider, the Company will make payment directly to the provider as specified in the following schedule. For lenses and frames obtained from any other optical provider, you will be reimbursed as specified in the following schedule.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Lenses (including contacts), each: <i>(Maximum of two each calendar year)</i></th> <th style="text-align: right;">Company Pays <i>(up to the amounts below)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Single vision.....</td> <td style="text-align: right;">\$20.00</td> </tr> <tr> <td style="text-align: left;">Bifocal.....</td> <td style="text-align: right;">\$30.00</td> </tr> <tr> <td style="text-align: left;">Trifocal.....</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td style="text-align: left;">Lenticular or Aphakic..... (external lens requiring a frame)</td> <td style="text-align: right;">\$65.00</td> </tr> <tr> <td style="text-align: left;">Frames.....</td> <td style="text-align: right;">\$30.00</td> </tr> </tbody> </table> <p><i>(Maximum of one every two calendar years beginning with the initial date of service for this benefit)</i></p>	Lenses (including contacts), each: <i>(Maximum of two each calendar year)</i>	Company Pays <i>(up to the amounts below)</i>	Single vision.....	\$20.00	Bifocal.....	\$30.00	Trifocal.....	\$40.00	Lenticular or Aphakic..... (external lens requiring a frame)	\$65.00	Frames.....	\$30.00
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This is an Asuris Northwest Health vision care option; it is not a certificate of coverage. A complete statement of benefits, including waiting periods, limitations, and exclusions is available through your Sales contact.