

TOWN OF MADISON
939-103,123,149,150& 151

VisionCare provides you and your family with yearly eye examinations for vision corrections and the prescription of lenses when necessary.

COVERAGE WORKS TWO WAYS

When you visit a participating provider, he/she will bill the Plan directly. It is your responsibility to pay the provider directly for any charges which exceed the maximum allowance.

You may also choose to visit a physician, optometrist or facility that is not a part of the provider network. If so, you are responsible for full payment to the provider, and the Plan will reimburse you for services rendered up to the allowable schedule. Simply submit the itemized bill to the Plan.

VISION EXAMINATIONS

Complete vision examinations with or without refraction, prescription of lenses when necessary, initiation of treatment programs, and the verification of lenses prescribed are covered when rendered by a physician, optometrist or optical center. (The maximum benefit is \$45 per calendar year).

Exam with dilation of pupils (cycloplegia) And post cycloplegic visit if required	Up to \$45 per calendar year
Exam without cycloplegia	Up to \$40 Per calendar year

OPTICAL SERVICES

Services include prescribed lenses and frames including fitting, adjustment and aftercare for maintenance of comfort and efficiency. **(Prescribed lenses and frames are limited to one frame and set of lenses for each member per calendar year.)**

Frames for prescription lenses	Up to \$36 per calendar year
Single vision lenses	Up to \$48.40 per calendar year
Bifocal lenses	Up to \$59.20 per calendar year
Trifocal lenses	Up to \$86 per calendar year

VISION CARE

Offered to BlueCare Health Plan

Contact lenses (including fitting, Training, and lifetime warranty)	Up to \$48.40 per calendar year
Contact lenses when used to correct Visual acuity to 20/70 or when Determined medically necessary by the Plan (including fitting, training, and lifetime Warranty)	Up to \$231 per calendar year

EXCLUSIONS AND LIMITATIONS

Vision examinations and services including but not limited to:

1. Services, frames, and lenses required by the employer as a condition of employment or provided through a medical department, clinic, or other similar service provided or maintained by the employer, or provided under any other group coverage furnished by or arranged through any employer.
2. Sunglasses, tinted glasses, or industrial safety glasses unless they are prescription lenses obtained at the option of the member within the benefits otherwise provided.
3. The quality of the prescription lenses must conform with standard Z80 of the American National Standards Institute (per pair).
4. Industrial safety glasses must meet American National Standards Institute Z87 specifications as they apply to the Type of work for which the use is intended.
5. Contact lenses for cosmetic, convenience, or any purpose other than correction of visual acuity to 20/70 or medical necessity as determined by the Plan, will be covered in an amount up to the single prescription lenses indemnity amount subject to an annual maximum.
6. The Plan will not pay for vision care services rendered after the date the member ceases to be covered hereunder, except for lenses and frames ordered prior to such termination and delivered within 31 days from such date.
7. The benefits payable for vision examinations, lenses, and frames are indemnity benefits only.

This description is for illustrative purposes only, and is subject, in all cases to the provisions of the VisionCare Rider, which is made part of the Subscriber Agreement when purchased by your employer group. Copies of the agreement may be obtained free of charge from the Plan.

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