Catholic Diocese of Jackson

Employee Vision Benefit Plan

Coverage	Benefit	Frequency Period**
Vision Exam	$10 Copay, then covered at 100% up to $95	1 per calendar year
Refraction	$10 Copay, then covered at 100% up to $45	1 per calendar year
Materials	$25 Copay, then covered at 100% up to $130	1 per calendar year
Eyeglass Lenses Allowances: *One pair per frequency period*		
Single Vision	Covered at 100% up to $90	1 per calendar year
Bifocal	Covered at 100% up to $110	1 per calendar year
Trifocal	Covered at 100% up to $130	1 per calendar year
Lenticular	Covered at 100% up to $150	1 per calendar year
Contact Lenses Allowances: *One pair or single purchase per frequency period*		
Elective	Up to $130	Once per calendar year
Therapeutic	Up to $210	Once per calendar year
Frame Retail Allowance *One per frequency period*	Up to $130	24 months

***Your Frequency Period begins on January 1*

Definitions:

Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. Copays do not apply to contact lenses.

Allowance: the maximum amount the plan will pay. Member is financially responsible for any amount over the allowance.

Materials: eyeglass lenses, frames, and/or contact lenses.

Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses
- One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
    - Polycarbonate lenses for children under 18 years of age
    - Oversize lenses
    - Rose #1 and #2 solid tints
    - 20% savings non-covered lens options
    - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference
    - One frame for prescription lenses—frame of choice covered up to retail plan allowance
    - One pair of contact lenses or a single purchase of a supply of contact lenses—in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakis; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

Benefit Exclusions:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers Compensation or similar law, or which is work-related
- Charges in excess of the maximum allowable charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

This is a summary of benefits only. This does not describe all the terms, provisions and limitations of your plan.

For benefit questions/customer service please contact ABA at 800-247-7114.