

Humboldt IPA
Vision Plan Summary of Benefits
Effective for Services beginning August 1, 2013

Annual Deductible: \$0

At the appointment, the patient will pay any applicable copayment and optional eyewear costs (if any).

Annual Comprehensive Eye Examination – every 12 months:

Benefits are paid through Medical Plan Benefits – See the Medical Plan Summary of Benefits

All members are eligible for reimbursement of any out of pocket expense, minus the copay, for an annual comprehensive eye examination, if the annual comprehensive eye examination,

- Is not a covered benefit of the medical plan
- Applied to the deductible
- The member does not have medical benefits

Frame and lenses or Contact lenses – every 24 months

Frame Allowance – every 24 months:

Up to \$100.00 allowance towards the purchase of Frame

Lenses - every 24 months

Up to \$100.00 allowance towards the purchase of lenses

Lenses covered every 12 months, if required by a qualified prescription change.

- A change in prescription of 0.50 diopter or more in one or both eyes
- A shift in axis of the cylinder of 15 degrees
- A change in lens type (i.e., single vision to bifocal, etc.)

Contact lenses (Elective Cosmetic/Convenience) – every 24 months:

Up to \$100.00 allowance towards the purchase of Contact lenses.

The contact lens allowance includes the fitting, evaluation, and materials. As a result, the amount available for contact lens materials is reduced by the contact lens fitting and evaluation charges. In lieu of other eyewear, except when specifically provided. Disposable contact lenses should be purchased up to the maximum allowance. Any cost over contact lens allowance is a patient's responsibility.

Medically necessary Non-Elective Contact lenses – every 24 months:

Hard lenses - 100%

Soft lenses - 100%

Prior Authorization is required

Plan Administrator Contact Information for Questions and Claims

Humboldt IPA

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