

Vision Care Rider

P L A N C E R T I F I C A T E

HMSA



An Independent Licensee of the Blue Cross
and Blue Shield Association

Working for a Healthier Hawaii

Vision AI
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HMSA's Vision Care Rider

This summary is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the plan certificate for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the certificate, the latter will take precedence.

Important Information

All copayments shown are based on eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charge and the nonparticipating provider's actual charge.

VISION CARE SERVICES	VISION AI	
	YOUR COPAYMENT	
	Participating Provider	Nonparticipating Provider
EYE EXAMINATION One per calendar year	\$10 annual deductible	All charges less \$40 plan payment
LENSES (One of the following) One pair per calendar year:		
Single	\$10 annual deductible	All charges less \$16 plan payment
Multifocal	\$10 annual deductible	All charges less \$25 plan payment
Contact Lenses	\$25 annual deductible plus remaining eligible charge after \$130 plan payment	All charges less \$50 plan payment
ADDITIONAL BENEFITS		
Polycarbonate Lenses (For children through age 18) One pair per calendar year	None	All charges less \$18 plan payment
Contact Lens Fitting; One fitting per calendar year	All charges less \$45 plan payment	All charges less \$20 plan payment
FRAMES One frame every 24 months	\$15 annual deductible	All charges less \$12 plan payment

NOTES:

- Frames must be chosen from a group selected by the provider. If the member chooses a frame outside of the group, the member will have to pay any difference between HMSA's allowance and the provider's charge for the frames. If the member replaces only the lenses of his/her glasses, the allowance for frames cannot be applied to the cost of lenses and contact lenses.
- If the member receives benefits for contact lenses, the member is not eligible for frames in the same year. If benefits for frames have been paid in a calendar year, those benefits will be deducted from the benefits for any contact lenses furnished in the same calendar year.
- Exclusions: Sunglasses, prescription inserts for diving masks and any protective eyewear, nonprescription industrial safety goggles, nonstandard items for lenses, including tinting, blending, oversized lenses, invisible bifocals or trifocals, and repair and replacement of frame parts and accessories.
- Contact lenses following cataract surgery are not a benefit.

Special Vision Care Benefits Rider

I. ELIGIBILITY

This Rider provides coverage which is supplementary to coverage provided under the Association's medical plan. A Beneficiary's coverage under this Rider commences and ends as of the same dates the Beneficiary's coverage under the medical plan commences and ends.

II. PROVISIONS OF THE MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEDUCTIBLES

Participating Provider benefits of this Rider are payable only after the Beneficiary has first paid the following deductibles with respect to services rendered to the Beneficiary in each Calendar Year: \$10.00 for examinations; \$25.00 for contact lenses; \$10.00 for lenses and \$15.00 for frames. Beneficiary Copayments for services listed in Section V as not being subject to the Annual Deductible may not be counted toward satisfying the Annual Deductible. There is no Annual Deductible for nonparticipating providers.

IV. DEFINITIONS

When used in this Rider:

(1) "**Association**" means the HAWAII MEDICAL SERVICE ASSOCIATION (HMSA), an independent licensee of the Blue Cross and Blue Shield Association.

(2) "**Ophthalmologist**" (**M.D.**) means a physician who is appropriately licensed to practice by the proper government authority and who renders services within the lawful scope of such license.

(3) "**Optometrist**" (**O.D.**) means a person who is appropriately licensed to practice optometry by the proper government authority and who renders services within the lawful scope of such license.

(4) "**Participating Provider**" means a provider of services who, when rendering most services covered by this Rider to a Beneficiary, agrees with the Association to collect not more than

(a) a specified amount paid by the Association and

(b) the Beneficiary's Copayment and deductible as specified in this Rider.

As an exception, a Special Vision Care Participating Provider does not agree to limit charges for contact lenses and fitting of contact lenses. In this case, the Association's benefit payment will not exceed the amount specified in Sections V(2)(a)(ii) and V(4)(a), and the Beneficiary is responsible for all charges in excess of the Association's benefit payment. In addition, the provider must be listed on HMSA's Special Vision Care Rider List of Participating Providers. When you require routine vision care outside the state of Hawaii, we participate with other Blue Cross and/or Blue Shield Plans in a program called the BlueCard Program. This BlueCard program offers HMSA members advantages when they receive routine vision care outside the area this plan services. Benefit payments for covered services received outside the state of Hawaii are based on contracts negotiated between the out-of-state Blue Cross and/or Blue Shield Plans and BlueCard participating routine vision care providers.

V. VISION CARE BENEFITS

Subject to the provisions of this Rider, a Beneficiary is entitled to the following vision care benefits:

(1) Payment for one eye examination per Calendar Year by either an Ophthalmologist or Optometrist.

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges after Annual Deductible.

(b) For nonparticipating providers, the Beneficiary owes

the entire charge for the examination -- the Association reimburses the Beneficiary up to \$40.00.

(2) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

(i) 100% of Eligible Charges after Annual Deductible for one pair of single vision or multifocal lenses; or

(ii) up to \$130.00 after Annual Deductible for one pair of non-disposable contact lenses; or

(iii) up to \$130 after Annual Deductible for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

(i) up to \$16.00 for single vision lenses; or

(ii) up to \$25.00 for multifocal lenses; or

(iii) up to \$50.00 for contact lenses.

(3) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges after Annual Deductible for frames from the designated group.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to \$12.00. Payment is subject to the provisions of Section VI(2) below.

(4) Payment for fitting of contact lenses once every Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider up to \$45.00 for fitting of contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for fitting of lenses -- the Association reimburses the Beneficiary up to \$20.00.

(5) Payment for one pair of polycarbonate lenses per Calendar Year for children age 18 and under. Payment for polycarbonate lenses is made in addition to benefits for standard lenses stated under Section V(2).

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for polycarbonate lenses -- the Association reimburses the Beneficiary up to \$18.00.

VI. LIMITATIONS AND EXCLUSIONS

(1) **Limitations.** The payments specified in Section V above shall be made by the Association only when services are rendered in connection with an eye examination for correction of a visual defect and when the frame or lenses are required as a result of such examination. In no event will the Association make allowances for more than one such eye examination during any Calendar Year for each Beneficiary and one frame whether as an original or replacement frame every 24 months for each Beneficiary.

(2) **Limitations on Frames and Lenses.**

(a) The allowance specified in Section V(3) above is for a complete frame only. Charges for repair or replacement of a portion of the frame or cost of accessories are not eligible for payment.

(b) If lenses are replaced without furnishing a new frame, the total allowance for both a frame and lenses **may not** be used toward the cost of such lenses or the cost of contact lenses.

(c) Benefits for lenses and frames from a Participating Provider are for standard-size lenses and a frame from the Participating Provider's "designated group". If a Beneficiary selects nonstandard-size lenses or frames that are not from the "designated group", the Association will pay up to 100% of the maximum charges allowed for standard-size lenses or a "designated group" frame. The Beneficiary then pays the balance of the charges.

(d) If contact lenses are furnished, no benefits are payable for frames in the same Calendar Year. If benefits for a frame have already been paid in a Calendar Year, those benefits shall be deducted from the benefits payable for any contact lenses

furnished in the same Calendar Year.

(3) **Exclusions.** No payment will be made under this Rider for: sunglasses; prescription inserts for diving masks and any protective eyewear; nonprescription industrial safety goggles; nonstandard items for lenses including tinting, blending, oversized lenses, and invisible bifocals or trifocals, except polycarbonate lenses stated in Section V(5); repair and replacement of frame parts and accessories; and contact lenses after cataract surgery.

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