

VOLUNTARY VISION OPTION

Service		
	In-Network	Out-of-Network
Exam	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	
Standard Plastic Lenses		
Single Vision	Covered	Up to \$25
Bifocal	Covered	Up to \$40
Trifocal	Covered	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Frames		
Member may select any frame available	Up to \$120 retail allowance	Up to \$50 retail allowance
Contact Lenses (*)		
Fit, follow-up & materials:	No co-pay	
- Effective	Up to \$120	Up to \$100
- Medically Necessary	Up to \$210	Up to \$210

(*) In lieu of eyeglass lenses and frames.

Vision Frequencies	
Exam	1 per 12 months
Standard Plastic Lenses	1 per 12 months
Frames	1 per 24 months
Contact Lenses	1 per 12 months

	Annual	Fall	Spring/ Summer	Three Payments	Nine Payments	Summer
Voluntary Vision – Stand Alone						
Student	\$125	\$72	\$72	\$51	\$23	\$35
Student + 1	\$237	\$128	\$128	\$88	\$36	\$59
Student + Family	\$400	\$209	\$209	\$143	\$54	\$93

AlwaysVisionSM Exclusions/Limitations

- This is a primary vision care benefit and is intended to cover only eye examinations and corrective eye wear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.
- Covered Materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider.
- Benefits are payable only for expenses incurred while the Group and Individual Member coverage is in force.
- Laser Vision Correction Network: Membership provides access to Preferred Pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. The Plan cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas.
- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;

- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses;
- Sub-normal vision aids;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Details of the Vision program are available via AlwaysCare, toll-free 1-888-729-5433 ext. 2013.

In Baton Rouge 1-225-926-2888 ext. 2013 or online at www.LSUstudentinsurance.com

Mail Claims to: PO Box 14389, Baton Rouge, LA 70898-4389.

These Vision Benefits are not affiliated with or issued by National Union Fire Insurance Company of Pittsburgh, Pa. They are separate from the Student Health Plan described in this Plan Summary.