BlueCrossVision

Issued by
CAPITAL ADVANTAGE INSURANCE COMPANY™
A Capital BlueCross Company

Vision

Plan Max 200

Kutztown Area School District

HIGHLIGHTS	PLAN ALLOWANCES	
Benefit frequencies are based on date of service	In-Network	Out-of-Network
EXAMINATION		
Once every 12 months	100%	$32
CONTACT LENS EVALUATION AND FITTING		
Once every 24 months	$20 daily; $30 extended	$20 daily; $30 extended
FRAMES	*Maximum amount is retail allowance for all covered services listed below and covers a 24-month time period unless otherwise noted.*	
EYEGLASS LENSES (per pair)	$200 Retail Maximum (in-network and out-of-network services combined) The in-network materials benefit of $200 is reimbursed after a 35% vendor discount is applied to glasses (lens and frame) and a 25% discount on contacts. Total accumulated throughout the benefit period for: • Frames • Eyeglass lenses • Contact lenses • Lens options	
Single Vision Standard Lenses		
Bifocal Standard Lenses		
Trifocal Standard Lenses		
Aphakic/Lenticular Standard Lenses		
CONTACT LENSES		
Disposable (unlimited boxes)		
Conventional including, but not limited to: Hard/soft daily wear and spherical		
Specialty lenses including, but not limited to: bifocal, toric or gas permeable		
Medically necessary (per pair)		
LENS OPTIONS		
Solid Tint		
Fashion / Gradient Tint		
Standard Scratch-Resistant Coating		
Ultraviolet Coating		
Standard Anti-reflective Coating		
Glass Photogrey		
Polarized		
Standard Progressive Lenses		
Transitions		
Polycarbonate Standard Lenses (age 19 and older)		
Blended Bifocal (Segment)		
High Index		

VALUE ADDED BENEFITS The value added benefits listed below are the responsibility of the member, but are discounted when provided by participating providers.		
ADDITIONAL SUPPLIES		
Additional purchases of lenses and frames (excluding any contact lenses) at time of service	Retail less 20%	No discount
LASIK SURGERY		
Surgery must be through participating providers	Retail Discount	No discount

Programs are subject to change. **This is not a contract.** This information highlights vision benefits when you visit a participating provider and is not intended to be a complete list or complete description of available services. Contact your employer, marketing representative, or broker for additional benefit details.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

On behalf of Capital BlueCross, National Vision Administrators, LLC (NVA®) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.

Paper claims may be submitted to the following address: National Vision Administrators; P.O. Box 2187; Clifton, New Jersey 07015.

Benefits are underwritten by Capital Advantage Insurance Company, a subsidiary of Capital BlueCross. Independent licensee of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Plan Max 200 – Standard Benefit Exclusions

The benefits set forth on this highlight sheet are subject to the specific benefit exclusions and limitations contained in your Certificate of Coverage. Examples of categories of benefit exclusions to coverage include, but are not limited to the following:

1. For examinations or materials which are not listed herein as a Covered Service;
2. For medical attention or surgical treatment of the eye;
3. For diagnostic services, such as diagnostic X-rays, cardiographic, encephalographic examinations and pathological or laboratory tests;
4. For drugs or any other medications;
5. For procedures determined to be special or unusual (orthoptics, vision training, low vision aids, tonography, etc.);
6. For eye examinations or materials sponsored by the Subscriber's employer without charge to the Subscriber;
7. For any illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of the Worker's Compensation Act as amended from time to time. This Exclusion applies whether or not the Subscriber claims the benefits or compensation;
8. For which a Subscriber would have no legal obligation to pay;
9. Received from a medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group;
10. Incurred prior to the member's effective date;
11. Incurred after the date of termination of the Subscriber's coverage;
12. For telephone consultations, charges for failure to keep a scheduled visit, or charges for completion of a claim form;
13. For duplicate and temporary devices, appliances, and services;
14. For which the Subscriber incurs no charge;
15. In a facility performed by a Professional Provider who in any case is compensated by the facility for similar Covered Services performed for patients;
16. No payment will be made for replacement of lost, stolen, broken or damaged lenses, contact lenses or frames, unless the member would otherwise meet the frequency limitations;
17. Parts or repair of frame;
18. To the extent payment has been made under Medicare when Medicare is primary or would have been made if the Subscriber had applied for Medicare and claimed Medicare benefits; however, this Exclusion shall not apply when the Group is obligated by law to offer the Subscribers all the benefits of this Contract and the Subscribers so elect this coverage as primary;
19. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law;
20. For any loss sustained or expenses incurred during military service while on active duty; or as a result of an act of war, whether declared or undeclared;
21. Resulting from the commission or attempt to commit a felony by the Subscriber;
22. Covered under the Group's Medical-Surgical Contract;
23. Any Professional Services other than those specifically provided in the Professional Services Vision Care Benefits Section of the Contract;
24. Lenses which do not require a prescription; and
25. Cost of any insurance premiums indemnifying the subscriber against losses for lenses or frames.

The foregoing list highlights categories of vision benefit exclusions and is not intended to be a complete list or complete description of all categories of benefit exclusions. Please contact your employer, marketing representative or broker for additional details concerning benefit exclusions, or you may refer to the Schedule of Exclusions set forth in your Certificate of Coverage