

Vision Care Rider

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

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, which may be obtained from your employer, 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 for Adults	VISION EB	
	YOUR COPAYMENT	
	Participating Provider	Nonparticipating Provider
LENSES (One of the following) One pair per calendar year:		
Single	\$10 copay	All charges less \$16 plan payment
Multifocal	\$10 copay	All charges less \$25 plan payment
Contact Lenses	\$25 copay plus remaining eligible charge after \$130 plan payment	All charges less \$50 plan payment
ADDITIONAL BENEFITS		
Contact Lens Fitting; One fitting per calendar year	All charges less \$45 plan payment	All charges less \$20 plan payment
FRAMES (Standard/Selected Frames) One frame every 24 months	\$15 copay	All charges less \$12 plan payment

VISION CARE SERVICES for Children (through age 18)

LENSES (One of the following)		
Single	\$10 copay (One pair per calendar year)	All charges less \$16 plan payment
Multifocal	\$10 copay (One pair per calendar year)	All charges less \$25 plan payment
Contact Lenses	\$25 ⁽¹⁾ copay (Once per calendar year)	All charges less \$50 plan payment
ADDITIONAL BENEFITS		
Polycarbonate Lenses	None (One pair per calendar year)	All charges less \$18 plan payment
Contact Lens Fitting;	None (One fitting per calendar year)	All charges less \$20 plan payment
FRAMES (Standard/Selected Frames)	\$15 copay (One frame every 24 months)	All charges less \$12 plan payment

⁽¹⁾ Benefits based on charge

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.

Health Plan Hawaii – HPH Plus Vision Care Benefits Rider

I. ELIGIBILITY

This Rider provides coverage which is supplementary to coverage provided under the basic Health Plan Hawaii Guide to Benefits. A Beneficiary's coverage under this Rider commences and ends as of the same dates the Beneficiary's coverage under the Health Plan Hawaii Guide to Benefits commences and ends.

II. PROVISIONS OF MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of the Health Plan Hawaii Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEFINITIONS

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

(2) **"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 as specified in this

Rider.

As an exception, a participating provider for vision care 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 IV(1)(a)2 and 3, IV(3)(a), V(1)(a)2 and 3, and V(3)(a), and the Beneficiary is responsible for all charges in excess of the Association's benefit payment. Vision Care Participating Providers are listed in Health Plan Hawaii's HMO Vision Appliance Directory 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.

IV. VISION CARE BENEFITS FOR ADULTS

The Beneficiary is eligible to receive the following vision care benefits.

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

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

1. 100% of the remaining Eligible Charges after \$10.00 Copayment for one pair of single vision or multifocal lenses;
2. up to \$130.00 after \$25.00 Copayment for one pair of non-disposable contact lenses; or
3. up to \$130.00 after \$25.00 Copayment for disposable contact lenses.

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

1. up to \$16.00 for single vision lenses; or
2. up to \$25.00 for multifocal lenses; or
3. up to \$50.00 for contact lenses.

(2) **Payment for one frame every 24 months.**

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges less \$15.00 Copayment 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).

(3) **Payment for fitting of contact lenses, one fitting per 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 contact lenses -- the Association reimburses the Beneficiary up to \$20.00.

V. VISION CARE BENEFITS FOR CHILDREN (THROUGH AGE 18)

The Beneficiary is eligible to receive the following vision care benefits.

(1) **Payment for the following lenses.**

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

1. 100% of the remaining Eligible Charges after \$10.00 Copayment for one pair of single vision or multifocal lenses per Calendar year;
2. 100% of charges after a \$25.00 Copayment for one pair of non-disposable contact lenses; or
3. 100% of charges after a \$25.00 Copayment for disposable contact lenses.

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

1. up to \$16.00 for single vision;
2. up to \$25.00 for multifocal lenses; or
3. up to \$50.00 for contact lenses.

(2) **Payment for frame.**

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges less \$15.00 Copayment for one frame every 24 months 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.

(3) **Payment for fitting of contact lenses.**

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charge for fitting of contact lenses, one fitting per Calendar year.

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

(4) **Payment for one pair of polycarbonate lenses per Calendar Year. Payment for polycarbonate lenses is made in addition to benefits for standard lenses stated under Section V(1).**

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges for one pair of polycarbonate lenses per Calendar year.

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

Payment is subject to the provisions of Section VI(2) below.

VI. LIMITATIONS AND EXCLUSIONS

(1) **Limitations.** The payments specified in Section IV and V 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 frame whether as an original or replacement frame every 24 months for each Beneficiary. General excise or other tax is not included in the vision appliance reimbursements. The Beneficiary is responsible for paying all taxes.

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

(a) The allowance specified in Section IV(2) and V(2) 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(4); vision exams (refer to the Routine and Preventive section of the medical plan for a description of vision exam benefits); repair and replacement of frame parts and accessories; and contact lenses following cataract surgery.

VII. CLAIM AND PAYMENTS FOR VISION CARE BENEFITS

All provisions and conditions of the Health Plan Hawaii Guide to Benefits regarding claim and payment for services shall apply to this Rider, except when a Beneficiary has paid in full for vision care benefits received, then the Association shall reimburse the Member to the same extent that it would have directly paid the provider of services. The Beneficiary must submit to the Association a report of services rendered. The report must be submitted upon such form or forms as the Association shall prescribe.

HMSA

HAWAI'I MEDICAL SERVICE ASSOCIATION

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