

## Routine Vision Supplies

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This rider modifies the terms of your health plan. Please keep this rider with your Benefit Description for easy reference.

The *outpatient* benefits described in your Benefit Description for routine vision care have been changed.

This health plan provides benefits for up to \$150 for each *member* every 24 months for one set of prescription lenses and/or frames or contact lenses (including measurement, fitting and adjustments). After you have received your \$150 maximum benefit in a 24-month period, you must pay all charges that are in excess of this amount for that 24-month period. (Any applicable *copayments, deductible* and/or *coinsurance* amounts do not apply to these *covered services*.)

**Note:** If you have already received benefits for a set of prescription lenses and/or frames or contact lenses under a prior *Blue Cross and Blue Shield* plan, no benefits are provided by this health plan for another set that is furnished in the same eligible time period.

At the time of your visit to purchase vision supplies, the provider may ask you to pay all billed charges. In this case, you will have to file a claim to *Blue Cross and Blue Shield* for repayment of these *covered services*. To file a claim for repayment, you must: fill out a claim form; attach your original itemized bills; and mail the claim to *Blue Cross and Blue Shield*. You can obtain claim forms from the *Blue Cross and Blue Shield* customer service office.

**No benefits** are provided for: non-prescription lenses; sunglasses not requiring a prescription; safety glasses; replacement of lost or broken lenses or frames; and special procedures such as orthoptics, vision training, subnormal vision aids and similar procedures and devices.

All other provisions remain as described in your Benefit Description.