

Vision plan VEO



Calendar year	
Benefit maximum	\$200
What members pay	
Eye examinations (including refraction)	0%
Lenses	Not covered
Frames	Not covered

1 Contact lenses are covered in lieu of regular lenses and frames.

Limitations and exclusions

Only covered for the employee and any dependent age 19 and over.

Vision exam benefits are all subject to the calendar-year benefit maximum.

Percentages shown reflect what members pay for covered vision exam.

Noncovered, excluded services are the member's responsibility and do not apply toward the calendar year benefit maximum.

No vision care benefits will be paid for the following services and supplies:

- Treatment of eyes for special procedures such as orthoptics and vision training
- Lenses or frames
- Medical or surgical treatment of the eyes
- Services and supplies that are payable under a workers' compensation or occupational disease law
- Any expense a member did not have to pay due to discounts received or other promotions

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

Note: This Alaska plan is at state review and is subject to changes.