



**BlueShield**  
of Northeastern New York

## City of Troy Traditional Blue PPO 898 Class 0002

|                  | <b>Benefit</b>   | <b>Co-Payment</b>                              | <b>Limits</b>   |
|------------------|--|--|---|
| <b>Eye exam</b>  | Routine vision exam through Davis Vision provider.   | \$20 co-pay                                    | One exam every calendar year.   |
| <b>Lenses</b>    | We will pay for single vision, bifocal, trifocal or lenticular lenses.<br><i>Additional lens options, such as progressive no-line bifocals and photochromic lenses are available at discounted prices and can be purchased by you at the time of service</i> | \$0 co-pay                                     | Coverage available once every calendar year. Please contact Davis Vision for the location of Designated Providers in your area: 1-800-999-5431. |
| <b>Frames</b>    | Davis Designer and Fashion Collection.<br>Davis Premier Collection<br><i>Additional frame options available, please contact Davis Vision for details</i>   | \$0 co-pay<br>\$25 co-pay                      | Coverage available once every calendar year. Please contact Davis Vision for the location of Designated Providers in your area: 1-800-999-5431. |
| <b>Contacts</b>  | Hard, soft, gas permeable daily wear or disposable contact lenses.<br><i>Available in lieu of spectacles</i>   | \$0 co-pay<br><i>(\$105 maximum allowance)</i> | Coverage available once every calendar year. Please contact Davis Vision for the location of Designated Providers in your area: 1-800-999-5431. |
| <b>Providers</b> | <i>For maximum benefits, please utilize a participating Davis Vision provider.</i>   |  |   |

- For services by Non-Participating Providers, you are responsible for submitting a claim directly to Davis Vision using the appropriate Non-Participating Provider claim form. In addition, you are responsible for any charges that exceed the allowed amount for covered services.

No benefits shall be provided for:

- Vision Services received or prescribed before the effective date of coverage, or ordered after termination of coverage.
- Examinations; frames; or lenses which are not necessary according to accepted standards of ophthalmic practice or which are not ordered or prescribed by the attending physician or by the optometrist.
- Replacement of lost; stolen; broken; or damaged lenses, contact lenses or frames, unless at the time of replacement the Subscriber is otherwise entitled to benefits for the lenses or frames.
- Industrial safety glasses; safety goggles; or sunglasses; whether or not they require a prescription.
- Examinations; frames; or lenses required by the Subscriber's employment.
- Examinations; lenses; or frames for which benefits are afforded in whole or in part, under a Workers' Compensation Act or like laws; whether or not the Subscriber claims or receives benefits thereunder, and regardless of whether the Subscriber recovers any damages against a third person.
- Duplication of services: The benefits covered under this amendment are reduced by any benefits received under your contract or group plan.