

Northwest Employers Trust

VISION CARE OPTION #7 FOR PPO FOURFRONT PLANS



Eye Examination	The services of a participating optical provider, a Preferred Plan and participating physician, or a Preferred Plan and participating optometrist will be provided in full for one routine eye exam per calendar year to determine the need for a new or changed prescription for corrective lenses. Fittings for contact lenses are not covered. Benefits are not subject to copay or deductible requirements.
Lenses and Frames	<p>Benefits for lenses and frames will be provided, when prescribed by a participating optical provider, a Preferred Plan and participating physician, or a Preferred Plan and participating optometrist to correct a refractive error. Lenses and frames received from a participating or recognized optical provider will be provided at 80% to a combined maximum of \$200 every two calendar years beginning with the initial date of service for this benefit (not subject to stoploss).</p> <p>You can take advantage of specially negotiated prices from participating optical providers. Lenses include single vision, bifocal, trifocal, lenticular or aphakic lenses (external lenses requiring a frame), and contact lenses.</p> <p>Benefits are not subject to copay or deductible requirements.</p>

This is a Regence BlueShield vision care option, it is not a certificate of coverage. A complete statement of benefits, including waiting periods, limitations, and exclusions is available through your Sales contact.