

**SUMMARY OF BENEFITS
PPO VISION PLAN
EYE EXAM ONLY**

Effective July 2009 – June 2010
New and Renewing Groups

This plan is designed to provide benefits for high-quality vision care rendered in the most appropriate setting. Payment of benefits is based on a percentage of the allowed amount. Participating providers have agreed to accept our allowed amount as payment for services. Services of optical providers, physicians, or optometrists who are not participating with Regence BlueShield will be paid based on a percentage of the allowed amount. The member will be responsible for any additional charges over the allowed amount.

Benefits	Preferred / Participating / Recognized Providers
Deductible	No deductible
Office Visit Copay	No office visit copay
Eye Examination Benefits for eye examination will be provided when administered by an approved optical provider, an approved physician, or an approved optometrist; for routine eye examination to determine the need for a new or changed prescription for corrective lenses. One routine eye exam per calendar year; * Fittings for contact lenses are not covered.	100%
Lenses and Frames	Not Covered

Allowed Amount: The amount determined by Regence BlueShield to be the appropriate payment under an applicable agreement between Regence BlueShield and the provider of a service or supply.

Limitations and Exclusions: Benefits that are covered, or would be covered in the absence of this plan, by Medicare, or any federal, state or government program, except as required by law; benefits payable under any automobile medical, personal injury protection, automobile no-fault, homeowner, commercial premises coverage or similar contract or insurance is issued to or makes benefits available to the member, whether or not application is made for such benefit; charges for services or supplies that are above the allowed amount; charges that in absence of this plan there would be no obligation to pay; charges incurred to comply with Occupational Safety and Health Administration (OSHA) requirements; conditions resulting from military service or declared or undeclared war; injuries related to semiprofessional or professional athletics, including practice; investigational services or supplies, as specified in the contract; lenses and frames if ordered prior to the members cancellation date and delivered more than 30 days after the member's coverage terminate.

This is a brief summary of benefits; it is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, refer to your benefits brochure and the contract on file with your group.

Please use the following phone number and address when you need to contact Asuris Northwest Health:

Mailing Address:	Street Address:	Subscriber and Provider Numbers:
P.O. Box 91130	Seattle, WA 98101-1322	Toll-Free in Washington.....1-888-344-5587
Seattle, WA 98111-3267		TTY.....1-877-727-4357

Asuris Northwest Health Web Site: www.asurisnorthwesthealth.com

Member's Personal Web Site: www.myasuris.com

Your feedback is important to us. If you have suggestions about the benefits covered under this plan, you may contact us at 1-800-458-3523 or visit the Asuris web site (above) and complete the Suggestion Box form located on the Contact page.