Harrisburg, PA

Underwritten by
Avalon Insurance Company
Administered and Marketed by
Dominion Vision Services

Vision Plan 6030
Coverage Schedule

Vision Plan 6030

Benefit Summary

	Copayments	Frequency
Exam	**$10**	**12 months**
Lenses	**$10**	**12 months**
Frames	**None**	**12 months**
Contact Lenses	**None**	**12 months**

Lenses Benefit Options (in-network)
(in addition to lenses copayment above)

UV Coating	**$12**
Tint	**$10**
Scratch Resistance	**$10**
Polycarbonate	**$25**
Anti-Reflective	**$40**
Standard Progressive	**$50**
Other Add Ons	**Retail Discount**

Maximum Allowances[1]

Preferred Provider:

Frame	**$120**
Contact Lenses	**$100**

(instead of glasses)

Non-Preferred Provider:

Exam	**$32**
Frames	**$60**
Single Vision Lenses	**$24**
Bifocal Lenses	**$36**
Trifocal Lenses	**$46**
Contact Lenses	**$75**

[1] The scheduled amounts shown are the maximum allowable amount. The actual amount to be paid for any service or material will be the lesser of the scheduled amount for such service rendered and/or materials purchased, or the actual amount charged. There is no assurance that the scheduled amount will be sufficient to pay the full cost of the service rendered or the materials selected.

Dominion Vision Services
251 18th Street South • Suite 900
Arlington • Virginia • 22202
Toll Free 888.518.5338
DominionNational.com
PID 1897

Plan will pay for eligible expenses (subject to benefit coverage) incurred by or on behalf of Subscriber and/or their Dependents while covered under the Policy including:

A. **Services:** Include, but are not limited to:

1. Vision Examinations - Each Subscriber and eligible Dependent(s) is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. Plan will cover such service once every 12 months. Where the vision examination shows new lenses or frames or both are necessary for proper visual health, such materials will be covered, together with certain services as necessary.
2. Prescribing and ordering proper lenses.
3. Assisting with selection of frames.
4. Verifying accuracy of finished lenses.
5. Proper fitting and adjustments.

B. Materials:

1. Lenses: Plan will pay for lenses on a new prescription for standard lenses once every 12 months. The lens allowance equals two (2) lenses. If only one (1) lens is needed the allowance will be half (1/2) the lens allowance.
2. Frames: Plan will pay for frames once every 12 months.
3. Contact Lenses: Plan will pay for contact lenses once every 12 months.

C. Benefits:

Participating Provider shall mean a licensed provider who has contracted to accept, as full payment, Member's copayment and the contracted payment from Plan. Plan will pay benefits if the services are rendered or materials are furnished by a Participating Provider.

Use of a Participating Provider does not guarantee that all expenses will be covered under the Policy. Participating Provider locations are identified by contacting the Plan's Member Services Department or the website.

Services and materials will be covered at the benefit levels for a Non-Participating Provider when: a) the provider rendering the service or furnishing the materials is no longer a Participating Provider; or b) the Member elects not to use the services or materials of the Participating Provider.

Non-Participating Provider shall mean a licensed provider NOT under contract with Plan. After the applicable copayment, Plan will pay the reasonable and customary charge for services and materials, up to the scheduled amount shown in this document.

Benefits will be payable the same as for a Participating Provider when: a) a Participating Provider refers the Member to a Non- Participating Provider because the Participating Provider is unable to render the necessary service or furnish the necessary materials; or b) a Non-Participating Provider is on call in the absence of the Participating Provider.

Plan may not prohibit the assignment of benefits to a Provider by a Member or refuse to directly insure a Non-Participating Provider under an assignment of benefits.

Plan Limitations: In no event will payment exceed the lesser of:

1. The actual cost of covered services or materials; or
2. The limits of the Policy, shown in this schedule.

Plan Exclusions:

1. Treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
2. Services which are covered under Medicare, worker's compensation, employer's liability laws, or the Pennsylvania Motor Vehicle Financial Responsibility Law (Pennsylvania policyholders only).
3. Services and treatment provided without charge or for which there would be no charge in the absence of insurance. DOES NOT APPLY TO MEDICAID.
4. Services not listed as covered.
5. Hospitalization for any vision procedure.
6. Services and treatment for which Member is eligible for coverage under his or her hospital, medical/surgical or major medical plan.
7. Orthoptic or vision training and any associated supplemental testing.
8. Plano lenses.
9. Two pair of glasses, in lieu of bifocals or trifocals.
10. Medical or surgical treatment of the eyes.
11. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
12. Customization of bifocal lenses to a progressive or no-line lens.
13. Photo-chromatic lenses.
14. Sub-normal vision aids or non-prescription lenses.
15. Services rendered or materials purchased outside the U.S. or Canada, unless: a) the Member resides in the U.S. or Canada; and b) the charges are incurred while on a business or pleasure trip.
16. Charges in excess of the usual and customary charge for the service or materials.
17. Charges incurred after: a) the Policy ends; or b) the Member's coverage under the Policy ends, except as stated in the Policy. Maryland policyholders only: Also subject to the Extension of Benefits provision.
18. Experimental or non-conventional treatment or device as determined by treating provider.
19. Spectacle lens treatments or "add-ons," except solid tints (#1 & #2), and oversize lenses.
20. High Index lenses of any material type.
21. Lost or broken materials, except when replaced at normal intervals when services are available.
22. Maryland policyholders only: Any bill, or demand for payment, for a vision service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.

DOMINION® NATIONAL VISION

Dominion National Insurance Company

Vision Plan 6030 Coverage Schedule, Limitations and Exclusions

Service Coverage	Copayments	Frequency
Exam	$10	12 months
Lenses	$10	12 months
Frames	None	12 months
Contact Lenses	None	12 months

Lens Service Options (in-network) (in addition to lenses copayment above)			
Lens Service Options	**Copayments**	**Lens Service Options**	**Copayments**
Anti-Reflective	$40	Standard Progressive	$50
Polycarbonate (Single Vision)	$25	Tint	$10
Scratch Resistance	$10	UV Coating	$12
Other Add Ons	Retail Discount		

Maximum Allowances - Preferred Provider[1]			
Service Coverage	**Maximum Allowance**	**Service Coverage**	**Maximum Allowance**
Frame	$120	Contact Lenses[2]	$100

Maximum Allowances - Non-Preferred Provider[1]			
Service Coverage/Lens Options	**Maximum Allowances**	**Service Coverage/Lens Options**	**Maximum Allowances**
Exam	$32	Lenticular Lenses	$75
Frames	$60	Contact Lenses[2] (includes medically necessary)	$75
Single Vision Lenses	$24	Contacts - Daily Wear	$20
Bifocal Lenses	$36	Contacts - Extended Wear	$30
Trifocal Lenses	$46		

1 The scheduled amounts shown are the maximum allowable amount. The actual amount to be paid for any service or material by the Plan will be the lesser of the scheduled amount for such service rendered and/or materials purchased, or the actual amount charged. If the amount charged is higher than the scheduled amount, the member would be responsible for the difference between the scheduled amount and the amount charged for the service rendered or the materials selected.

2 Instead of glasses.

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