

# Vision Plan 205

## Vision Examination

Routine vision examinations, including refraction and glaucoma screening  
One examination per benefit period for members under 19 years of age  
One examination every other benefit period for members age 19 and over

## Lenses

Clear lenses (single vision, bifocal or trifocal)  
Lenses allowed once per benefit period for members under 19 years of age  
Lenses allowed every other benefit period for members age 19 and over

## Frames

Allowed every other benefit period, limited to the maximum benefit allowance of \$150 per frame.

## Contact Lenses

Allowed up to the maximum benefit allowance for frames and prescribed single vision or bifocal lenses, as optometrically necessary and in place of prescribed frames and/or lenses benefit.

Eligible children include children under age 26, not eligible to enroll in an employer sponsored vision plan other than a group vision plan of a parent. Coverage will be continued until the end of the month in which the child becomes age 26. Eligible children also include children placed with you or your covered spouse for adoption or whom you or your covered spouse have legally adopted; children for whom you or your covered spouse have been appointed legal guardian by court order; children for whom you or your covered spouse are required by court order to provide vision benefits; or children incapable of self-support because of mental retardation or a physical handicap that began before they reached 26 years of age and who are primarily dependent on you or your covered spouse.

Your grandchildren or grandchildren of your covered spouse are also eligible if the parent of the grandchild is unmarried; the parent of the grandchild is a covered eligible dependent; and the parent and grandchild are primarily dependent on you or your covered spouse for their support.

To qualify for a group vision plan, the employer must contribute a minimum of 50% toward the single premium payment.

*This chart presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your vision expenses will be paid. The written benefit plan governs the benefits available.*

*For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your Account Executive or write to Blue Cross Blue Shield of North Dakota.*



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Call toll-free 1-800-342-4718  
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Plan 205  
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