



Mountain State BlueCross BlueShield

Kanawha County Commission

III. SUMMARY OF VISION BENEFITS INSERT

IMPORTANT: PLEASE READ THE SUMMARY OF BENEFITS SECTION OF YOUR CERTIFICATE BOOK. THIS INSERT IS PART OF YOUR CERTIFICATE AND SUBJECT TO CHANGE. FOR FURTHER EXPLANATION REFER TO YOUR CERTIFICATE BOOK.

Benefit Period	January 1 through December 31 (Calendar year)
Maximum per Benefit Period	
· Vision Examinations	· 1 exam per 12 month period
· Lenses	· 1 pair (two lenses) lens per 24 month period
· Frames	· 1 pair per 24 month period
· Contact Lenses	· 1 pair per 12 month period when provided in lieu of Frames and Lenses
COVERED SERVICES	
· Vision Care	up to \$75 per exam
· Lenses and Frames	
Single Vision	\$135
Bifocals	\$160
Trifocals	\$165
Lenticular	\$220
· Contact Lenses (Cosmetic Purposes only) including disposable lenses	\$135
· Medically Necessary lenses. Contact Lenses are considered Medically Necessary when prescribed for: corneal astigmatism, corneal scarring, kera to corus or aphakia	Lifetime maximum of \$540
· visual acuity cannot be corrected to 20/40 in the better eye by spectacle lenses	
Eligible Dependent Age Limitation	Coverage stops at the end of the calendar year of age 19 for a child who is an Eligible Dependent, but will continue to the end of the calendar year of age 25 if the Eligible Dependent is a full time student.

**ALL SERVICES ARE SUBJECT TO A DETERMINATION OF MEDICAL NECESSITY BY
MOUNTAIN STATE BLUE CROSS & BLUE SHIELD.**

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