Exclusions:

1. The replacement of lenses or frames furnished under this Plan that have been lost, damaged, or broken, except at the normal intervals when services are otherwise eligible.
2. Plano (nonprescription) lenses.
3. Special procedures, such as orthoptics, visual training, other subnormal vision aids, aniseikonia, or similar procedures.
4. Medical or surgical treatment of the eyes.
5. Services or materials provided as a result of any Workers’ Compensation Law or similar legislation, or obtained through or required by any government agency or program whether Federal, State, or any subdivision thereof. If the compensation does not defray the incurred expenses COB provisions will apply.
6. Eye examinations required by your employer as a condition of employment or required by a government body.
7. Charges incurred when not eligible.
8. Warranties, maintenance services, care kits, etc.
9. Your Plan has a $20.00 co-payment on glasses.
10. Contact lenses and glasses. The plan covers either an exam, lenses, and frames or an allowance towards contacts and contacts exam. The glasses benefit and contacts benefit cannot be combined during a benefit period.
11. Multiple contact lens claims in the same benefit period. The contact lens benefit may only be used once per 365-day benefit period; it cannot be used throughout the year on an "as-needed" basis. When using the contact lens benefit, plan participants are encouraged to obtain enough lenses to last until the next benefit period begins.

Limitations:

This Plan is designed to cover visual need rather than cosmetic extras. Unless specifically included, if you select cosmetic features such as the following, you must pay the “extra” charge: high index lenses, laminated lenses, tinted or coated lenses, blended or progressive lenses, ultra-thin lenses, plastic Photochromatic lenses (e.g., Transitions), lens faceting, engraving, or a frame that costs more than the Plan allowance. Any additional care, service, and/or materials not covered by this Plan may be arranged between you and the provider at your expense.

If you have questions about your vision coverage, please call 1-800-732-1123 and the NBN vision staff will be glad to assist you.

This information summary is intended to describe in general terms the main features of the Plan and does not constitute a contract. The specific terms and conditions governing the coverage are set forth in the contract and are the basis on which all claims are paid.

IMPORTANT NOTICE: To get the maximum benefits allowed by your vision plan, select a doctor or eye care clinic from the list of NBN panel providers.

The Northwest Benefit Network (NBN) self-funded vision Plan features a panel of eyecare professionals who provide vision care for employees and their dependents covered under this Plan. Going to a panel provider assures that you will receive quality, professional eye care and eyewear at a controlled cost.
NBN Vision Benefits When You Go to a Panel Provider

When you elect to use the services of a licensed non-panel provider, you will be reimbursed for covered services up to the maximum shown in the following schedule:

1. Vision examination ....................................... $45.00
2. Lenses and Frames (only if needed)
   - Single vision prescription (per pair) .............. $40.00
   - Bifocal prescription (per pair) ..................... $56.00
   - Trifocal prescription (per pair) ..................... $70.00
   - Lenticular (per pair) .................................. $160.00
   - Contacts (per pair, including exam; in lieu of all other benefits for that year) ..................... $160.00
   - Same allowance as for lenses & frames

Important: Selecting a provider from the NBN list assures that you will receive the full benefits of your Plan with direct payment to the provider by NBN and a guarantee of quality and cost control. If you seek the services of a provider who is not an NBN panel participant, you should pay the provider’s full fee. You will be reimbursed by NBN in accordance with the above reimbursement schedule. In most cases, the non-panel schedule will not be sufficient to pay the full cost of examination and glasses and you will likely incur out-of-pocket expense. Claims must be submitted within 365 days from the date of service.

Frequency of Benefits

- Vision Exam: ........................................... Once per 2 years
- Lenses; glasses: ........................................ Once per 2 years
- Frames: ............................................... Once per 2 years
- Contacts: .............................................. Once per 2 years

*If written proof is submitted that your prescription changed during the 2-year waiting period, you will be eligible for replacement pair of lenses.

For eligible dependents of part-time employees, once the dependent has received the vision benefits under this plan, the dependent must be enrolled for 24 additional months to receive the benefits again.

(Eligibility tracked by Service Date; there is NO grace period)

Eligible Dependents

Eligible dependents include your spouse or ‘State Registered’ Domestic Partner and dependents under the age of 25 (under the age of 26 as of January 1, 2011), and other dependents over the age of 25 (over the age of 26 as of January 1, 2011), if incapacitated due to a developmental disability or a physical handicap as set forth in the Vision Service Agreement.