Health Plan of Nevada
A UnitedHealthcare Company

Vision Care Services Rider to the HPN Evidence of Coverage

Option 6: 12/12/24/10-10-100

The Vision Care Services Rider is issued in consideration of: (a) the Groups's election of coverage under this Rider, (b) the Member's eligibility for the benefits described in this Rider, and (c) payment of any additional premium.

This Rider is a supplement to the Health Plan of Nevada ("HPN") Evidence of Coverage ("EOC") and Attachment A Benefit Schedule and amends your coverage to include benefits for Vision Care Services.

SECTION 1. Vision Care Services

Subject to definitions, terms and conditions in the EOC, a Member is entitled to receive the vision care services set forth in this Rider. The Member shall be entitled to vision care services only if a Plan Provider prescribes Lenses and Frames and the prescription was ordered while the Member was enrolled in HPN.

Covered Services and Limitations	Copayment
Vision Examination One (1) vision examination by a Plan Provider to include complete analysis of the eyes and related structures to determine the presence of vision problems or other abnormalities will be provided each twelve (12) consecutive calendar month period.	$10 copay for each examination by a Plan Provider. Subject to limitation.
Lenses (Plastic) One (1) pair of Lenses will be provided during any \twelve (12) consecutive calendar month period, when a prescription change is determined Medically Necessary by a Plan Provider. Lenses are limited to single vision, bifocal, trifocal, lenticular and other complex Lenses.	$10 copay for one pair of Lenses (Plastic). Subject to limitation.
Frames Expenses incurred in connection with Frames, from an approved frame selection will be considered covered vision expenses once during each twenty-four (24) consecutive calendar month period. Charges for Frames in excess of the maximum allowance shall be the responsibility of the Subscriber. Discounts may be available through the Plan Provider for those charges in excess of the maximum allowance.	$100 maximum allowance for Frames. Subject to limitation.
Contact Lenses Expenses incurred in connection with the purchase of one (1) pair of Contact Lenses prescribed by a Plan Provider may be considered covered vision expense on the condition that the Subscriber elects to receive an allowance for the purchase of such Contact Lenses in lieu of all other vision benefit once during any twelve (12) consecutive month period (with the exception of the annual vision examination which shall continue to be available). Charges for Contact Lenses in excess of the Maximum allowance shall be the responsibility of the Subscriber. Discounts may be available through the Plan Provider for those charges in excess of the maximum allowance.	$250 maximum allowance for medically necessary Contact Lenses. Subject to limitation. $115 maximum allowance for conventional or disposable Contact Lenses. Subject to limitation.

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SECTION 2. Exclusions

This section tells you what services and supplies are not covered under the Evidence of Coverage. The following services and resulting complications are excluded from coverage hereunder.

2.1 Any services and supplies not provided for in the EOC, not Medically Necessary as defined by the EOC or not required in accordance with the accepted standards of vision practice of the community.

2.2 Services provided by non-participating vision care providers.

2.3 Charges for services by a vision Plan Provider to his or her Dependents.

2.4 Charges for care or services and supplies provided before the Effective Date or after the termination date of the Evidence of Coverage.

2.5 Services or materials that are experimental, investigational or unproven.

2.6 Services or materials provided under Workers' Compensation or Employer's Liability laws.

2.7 Services provided or paid for by governmental agency or under any governmental program or law**,** except charges which the member is legally obligated to pay.

2.8 Services performed for cosmetic purposes or to correct congenital malformations.

2.9 Services and materials resulting from failure to comply with professionally prescribed treatment.

2.10 Services or materials provided as a result of a self-inflicted injury or illness.

2.11 Two pairs of eyeglasses in lieu of bifocals.

2.12 Visual therapy.

2.13 Replacement of lost or stolen eyewear.

SECTION 3. Limitations

3.1 The following options are excluded from coverage hereunder; however, if the Member wishes to pay the full cost of any option, it will be made available by the Plan Provider. The Plan Provider will maintain a schedule listing the full cost of these options:

- Oversize Lenses;
- Cost of Frames in excess of Frames allowance;
- Tinted of photochromic Lenses;
- Coated Lenses;
- Cosmetic Contact Lenses
- No-line bifocal Lenses;
- Plastic multi-focal Lenses;
- Two pairs of Lenses and Frames in lieu of bifocal Lenses and Frames; or
- All prescription sunglasses.

SECTION 4. General Provisions

4.1 This Rider shall be effective on the effective date of the EOC.

4.2 This Rider shall terminate upon termination of the EOC and under the same terms and conditions specified in the EOC. Upon such termination, Member shall cease to be entitled to any benefits provided in this Rider.

4.3 Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions agreements or limitations of the EOC, other than as set forth in this Rider.

SECTION 5. Glossary

This section tells you meanings of some of the more important words in the Evidence of Coverage. Please read it carefully. It will help you to understand the rest of the Evidence of Coverage.

- **"Blended Lenses"** means bifocals which do not have a visible dividing line.
- **"Calendar Year"** means January 1 through December 31 of the same year.
- **"Coated Lenses"** means a substance which is added to a finished lens on one or both surfaces.
- "**Contact Lenses"** means ophthalmic corrective Lenses, either glass or plastic, ground or molded as prescribed by a Plan Provider to be fitted directly to the patient's eyes.
- **"Course of Treatment"** means an interdependent series of Medically Necessary Covered Services prescribed by a Vision Provider to correct a specific optical condition.
- **"Eligible Vision Expenses" (EVE)** means the maximum allowable amount the Company will pay for a particular Covered Service as determined by the Company in accordance with the HPN Reimbursement Schedule. Vision Plan Providers have agreed to accept the HPN Reimbursement Schedule as payment in full for Covered Services, less any applicable Copayment. In no event will HPN pay more than the maximum payment allowance established in the HPN Reimbursement Schedule.
- **"Frames"** mean standard eyeglass Frames adequate to hold two Lenses.
- **"Injury"** means physical damage to the body inflicted by a foreign object, force, temperature, or corrosive chemical.
- **"Lenses"** mean ophthalmic corrective Lenses, either glass or plastic, ground or molded as prescribed by a Vision Plan Provider to be fitted into frames.
- **"Medically Necessary"** means any vision care services or supplies required to preserve the Member's visual health and which, as determined by the Company's Managed Care Program and or Medical Director, are:
  - Consistent with the symptoms or diagnosis and treatment of the Member's vision deficiency;
  - Appropriate with regard to standards of good vision practice; and
  - Not solely for the convenience of the Member or Provider; and
  - The most appropriate supply or level of service which can be provided to the Member.

  Services, supplies, and accommodations will not automatically be considered Medically Necessary because they were prescribed by a Provider. The Company may consult with professional consultants, or other appropriate sources for recommendations regarding the services or supplies the Member receives are Medically Necessary.
- **"Non-Plan Vision Provider"** means a Vision Provider who does not have an independent contractor agreement with HPN.
- "**Occupational Illness or Injury**" means any Illness or Injury arising out of or in the course of employment for pay or profit.
- **"Orthoptics"** means the teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.

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- **"Oversize Lenses"** means larger than standard lens blank, to accommodate prescriptions.
- **"Photochromic Lenses"** means lenses which change color with intensity of sunlight.
- **"Plano Lenses"** means lenses which have no refractive power.
- "**Prior Authorization**" or "**Prior Authorized**" means a system that requires a Provider to get approval from HPN before providing non-emergency healthcare services to a Member for those services to be considered Covered Services. Prior Authorization is not an agreement to pay for a service.
- **"Professional Service"** means examination, material selection, fitting of glasses, related adjustments, etc.
- **"Tinted Lenses"** means lenses which have additional substance added to produce constant tint (e.g., pink, green, gray, blue, etc.).
- **"Vision Plan Provider**" means a Provider who has an independent contractor agreement with HPN to provide certain Covered Services to Members. A Vision Plan Provider's agreement with HPN may terminate, and a Member will be required to select another Vision Plan Provider.