Plan Certificate

Vision Care Rider

January 2025

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hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

SECTION 1 Eligibility

This Rider provides coverage which is supplementary to coverage provided under HMSA's medical plan. Your coverage under this Rider starts and ends on the same dates as your medical plan coverage.

SECTION 2 Provisions of the Medical Plan Applicable

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

SECTION 3 Definitions

Ophthalmologist (M.D.)

A physician who is appropriately licensed to practice by the proper government authority and who renders services within the lawful scope of such license.

Optician

A person who fits, adjusts and dispenses glasses and other optical devices, on the written prescription of a licensed physician or optometrist.

Optometrist (O.D.)

A person who is appropriately licensed to practice optometry by the proper government authority and who renders services within the lawful scope of such license.

Participating Provider

A provider of services who agrees with HMSA to collect not more than:
- a specified amount paid by HMSA and
- your Copayment.

As an exception, a Participating Provider does not agree to limit charges for contact lenses or frames. Benefit payment for these services will not exceed the amount specified in Section 4. You are responsible for all charges in excess of HMSA's benefit payment. For a current list of participating providers, call us at one of the phone numbers listed on the back cover of this Rider or visit www.hmsa.com.

SECTION 4 Summary of Benefits and Your Payment Obligations

About this Chart

This benefit and payment chart:
- Is a summary of covered services and supplies. It is not a complete description of benefits. For coverage criteria, other limitations of covered services, and excluded services, be sure to read *Section 5: Description of Benefits* and *Section 6: Services Not Covered.*
- Gives you the page number where you can find more details about the service or supply.

Tells you what the copayment percentage or fixed dollar amount is for covered services and supplies.

***Please note*:** Special limits may apply to a service or supply listed in this benefit and payment chart. Please read the benefit details on the page referenced.

* = An asterisk next to a service or supply means either:
- A service dollar maximum may apply.
- You may owe amounts in addition to your copayment.

Please read the benefit details on the page referenced.

Vision care services are covered only when services are rendered in connection with an eye exam for correction of a visual defect and when the frame or lenses are required as a result of such exam and as described in Section 5. Pediatric vision services are covered when provided to children through age 18.

* = **see page** 1	more info. on page:	Copayment Is (Percentage copayments are based on eligible charges, except where noted)	
		Participating	**Nonparticipating**
Vision Care Services for Adults			
Adult Routine Vision Exam	3	$10	All charges over $35
Vision Care Services for Adults - Appliances		**You may choose either prescription contact lenses or frames, subject to the limits described in Section 5.2**	
* Adult Contact Lenses	3	All charges over $110*	All charges over $55
* Adult Frames	3	All charges over $110*	All charges over $55
Adult Standard Size Lenses - Bifocal	3	$25	All charges over $40
Adult Standard Size Lenses - Single Vision	3	$25	All charges over $25
Adult Standard Size Lenses - Trifocal or Lenticular	3	$25	All charges over $55
Pediatric Vision Care Services			
Pediatric Routine Vision Exam	3	$10	All charges over $35
Pediatric Vision Care Services - Appliances		**You may choose either prescription contact lenses or frames, subject to the limits described in Section 5.4**	
* Pediatric Contact Lenses	3	All charges over $110*	All charges over $88
* Pediatric Frames	4	All charges over $110*	All charges over $55
Pediatric Standard Size Lenses - Bifocal	4	$25	All charges over $40
Pediatric Standard Size Lenses - Single Vision	4	$25	All charges over $25
Pediatric Standard Size Lenses - Trifocal or Lenticular	4	$25	All charges over $55
Pediatric Vision Care Services - Other Services		**Services below are covered in addition to covered prescription glasses or contact lenses**	
Pediatric Standard Polycarbonate Lenses	4	None	All charges over $5

SECTION 5	**Description of Benefit**
	Vision care services are covered only when services are rendered in connection with an eye exam for correction of a visual defect and when the frame or lenses are required as a result of such exam and as described in this Rider.

SECTION 5.1	Vision Care Services for Adults
	Adult vision care services are covered, but only as described in the *Vision Care Services for Adults* sections. Vision care services for children through age 18 are covered only as specified in Sections 4 and 5 under *Pediatric Vision Care Services* sections. Benefits for Vision Care Services for Adults (routine vision exam, frames, and lenses) will not be available in the same calendar year you received similar benefits allowed under the *Pediatric Vision Care Services* sections.
Adult Routine Vision Exam	Covered, but limited to one exam per calendar year

SECTION 5.2	Vision Care Services for Adults – Appliances
	You may choose either contact lenses or frames, subject to the limits described in this section.
Adult Contact Lenses	Covered, but limited to one of the following per calendar year: • One pair of non-disposable contact lenses from a participating provider up to $110, or • Disposable contact lenses from a participating provider up to $110. ***Please note***: If benefits for a frame have already been paid, no benefits are payable for contact lenses in the same calendar year.
Adult Frames	Covered, but limited to one frame every other calendar year, up to $110 from a participating provider. Charges for repair or replacement of a portion of the frame or cost of accessories are not covered. ***Please note***: If benefits for contact lenses have already been paid, no benefits are payable for frames in the same calendar year.
Adult Standard Size Lenses	Covered, but limited to one pair per calendar year for standard size single vision or multifocal lenses.

SECTION 5.3	Pediatric Vision Care Services
	Vision care services for children through age 18 are covered but only as described in the *Pediatric Vision Care Services* sections.
Pediatric Routine Vision Exam	Covered, but limited to one exam per calendar year.

SECTION 5.4	Pediatric Vision Care Services - Appliances
	You may choose either contact lenses or frames, subject to the limits described in this section.
Pediatric Contact Lenses	Covered, but limited to one of the following per calendar year: • One pair of non-disposable contact lenses from a participating provider up to $110, or • Disposable contact lenses from a participating provider up to $110. ***Please note:*** If benefits for a frame have already been paid, no benefits are payable for contact lenses in the same calendar year.

Pediatric Frames	Covered, but limited to one frame every other calendar year, up to $110 from a participating provider. Charges for repair or replacement of a portion of the frame or cost of accessories are not covered. ***Please note:*** If benefits for contact lenses have already been paid, no benefits are payable for frames in the same calendar year.
Pediatric Standard Size Lenses	Covered, but limited to one pair per calendar year for standard size single vision or multifocal lenses.

SECTION 5.5 Pediatric Vision Care Services – Other Services

Payments for services in this section are made in addition to the benefit payment for covered lenses described in Section 5.4.

Pediatric Standard Polycarbonate Lenses	Covered, but limited to one pair of standard polycarbonate lenses per calendar year.

SECTION 6 Services Not Covered

Eyeglasses and Contacts

Except as described in Sections 4 and 5, you are not covered for:

- Contact lens fitting and follow-up visits.
- Contact lenses following cataract surgery.
- Lenses including:
  - Nonstandard items for lenses including:
    - anti-reflective coating,
    - scratch-resistant coating,
    - tinting,
    - UV treatment, and
    - blending.
  - Oversized lenses.
  - Invisible bifocals or trifocals.
  - Progressive lenses.
  - Polycarbonate lenses.
  - Telescopic lenses.
  - Low vision lenses.
  - Corrective low vision lenses.
- Nonprescription industrial safety goggles.
- Prescription inserts for diving masks or other protective eyewear.
- Repair and replacement of frame parts and accessories.
- Sunglasses.

SECTION 7 Coordination of Benefits

The coordination of benefits described in Chapter 9 of HMSA's Guide to Benefits in the section labeled "Coverage that Provides Same or Similar Coverage" is modified as follows:

You may have other benefit coverage that provides benefits that are the same or similar to this plan. No coordination rules apply to vision care services, except for routine vision exam benefits.

Serving you

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Hours of operation may change. Please go to **hmsa.com/contact** before your visit.

HMSA Center in Honolulu

818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Hilo

Waiakea Center | 303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Lihue

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m

Contact HMSA. We're here with you.

Call (808) 948-6111 or 1 (800) 776-4672.

hmsa.com

@hmsahawaii

Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

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(00) 4000-796102 PPO 10.23 LE