

**SPECIAL NOTICE REGARDING
REFERENCES TO POST-CATARACT EYEWEAR.**

Effective January 1, 2017, your Member Handbook is amended by the following changes.

The information under Covered Services #24 Eyeglasses is deleted in its entirety and is replaced with the following:

24. Eyeglasses –

First set of basic frames and lenses following cataract surgery. Also see “General Excluded Services and Limitations” on page 65.

The information under Covered Services #63 Vision is deleted in its entirety and is replaced with the following:

63. Vision –

You may self-refer to a Network optometrist for one (1) eye exam with refraction per Plan Year. Eyeglasses limited to first set of basic frames and lenses are covered following cataract surgery.

The information under Vision Benefits is deleted in its entirety and is replaced with the following:

Benefit	Child Benefit Description	Adult Benefit Description
Exam	<ul style="list-style-type: none"> • Routine eye exam • Refraction exam • Dilatation as necessary 	<ul style="list-style-type: none"> • Routine eye exam • Refraction exam • Dilatation as necessary
Frames	<ul style="list-style-type: none"> • Basic, after cataract surgery 	<ul style="list-style-type: none"> • Basic, after cataract surgery
Frequency	<ul style="list-style-type: none"> • Once every Plan Year: <ul style="list-style-type: none"> ○ Examination • Once after cataract surgery <ul style="list-style-type: none"> ○ Single vision lenses ○ Basic frames ○ Contact lenses 	<ul style="list-style-type: none"> • Once every Plan Year: <ul style="list-style-type: none"> ○ Examination • Once after cataract surgery <ul style="list-style-type: none"> ○ Single vision lenses ○ Basic frames ○ Contact lenses
Standard plastic, glass, or poly spectacle lenses – include scratch resistant coating	<ul style="list-style-type: none"> • Single vision, after cataract surgery 	<ul style="list-style-type: none"> • Single vision, after cataract surgery
Lens options	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Not covered
Contact lenses	<ul style="list-style-type: none"> • Soft lens and contact 	<ul style="list-style-type: none"> • Soft lens and contact

Benefit	Child Benefit Description	Adult Benefit Description
	lens if prescribed as part of postoperative treatment for cataract extraction <ul style="list-style-type: none"> • One (1) set in lieu of eyeglasses 	lens if prescribed as part of postoperative treatment for cataract extraction <ul style="list-style-type: none"> • One (1) set in lieu of eyeglasses

The information under Limitations, Ancillary services and supplies is deleted in its entirety and is replaced with the following:

Ancillary services and supplies	<ul style="list-style-type: none"> • Hearing aids are limited to coverage for: <ul style="list-style-type: none"> ○ Children through the month in which he or she turns eighteen (18) years of age, one (1) aid per ear every forty-eight (48) months unless Medically Necessary to replace more often. ○ Children less than two (2) years of age, four (4) additional ear molds per Plan Year. • Corrective lenses and fittings limited to first set of basic frames and lenses following cataract surgery. • Routine foot care, shoes, shoe inserts, arch supports, and supportive devices limited to foot care for Members diagnosed with diabetes or peripheral vascular disease. • Orthopedic or corrective shoes limited to those permanently attached to a Denis Browne splint for children. • Wigs and scalp prostheses limited to one (1) synthetic wig per Plan Year when required due to loss of hair resulting from chemotherapy or radiation therapy. • Breast pumps limited to one (1) per Plan Year for women who are pregnant or nursing. • Orthotic devices limited to: <ul style="list-style-type: none"> ○ Members with diagnoses pertaining to peripheral vascular disease or diabetes.
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Except as amended, your Handbook remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR MEMBER HANDBOOK FOR FUTURE REFERENCE.