

What is the difference between health insurance and a vision plan?

A **vision plan** provides the member with a routine eye exam and/or glasses or contact lenses. This is usually a secondary benefit provided to you by your employer or benefits department, in addition to your **routine health insurance**.

If during the routine exam, the doctor determines that additional procedures or tests are required for the health of your eyes, these charges are not part of the **vision plan** coverage. These procedures may include the following:

- Photos/ OCT
- Visual Fields
- Corneal Topography
- Treatment of conjunctivitis or other infection
- Pachymetry
- Foreign Body Removal

If we participate in your general **health insurance**, we will bill these charges for you. You will be responsible for any applicable co-payments or deductibles. These charges are above and beyond the coverage provided by your **vision plan**. If the doctor determines that additional procedures are necessary, and we do not participate in your general **health insurance**, you have the option of paying for these services out of network or consulting with your **health insurance network** to find a participating provider.

I acknowledge that I have read and understand this form.

Signature _____ Date _____

