

APPENDIX B: VISION CARE BENEFITS

Full-time Employees

1. You will be reimbursed for 100% of eligible eye care expenses to a maximum negotiated by your Union/Association per person every 24 consecutive months following the actual purchase date of the first Vision Care item claimed.
2. You will be reimbursed for 100% of eligible expenses for eye examinations to a maximum negotiated by your Union/Association per person every 24 consecutive months (exclusive of Vision maximum).

Part-time Employees

3. You will be reimbursed for 100% of eligible eye care expenses to a maximum negotiated by your Union/Association per person every 24 consecutive months following the actual purchase date of the first Vision Care item claimed.
4. You will be reimbursed for 100% of eligible expenses for eye examinations to a maximum negotiated by your Union/Association per person every 24 consecutive months (exclusive of Vision maximum).

Summary of Benefits

5. Eligible expenses include the cost of:
 - a) eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist or optometrist
 - i. repairs to existing glasses
 - b) one eye examination in a 24-month period when rendered by a physician, ophthalmologist or optometrist. This benefit is subject to per visit fee guide maximums. (subject to maximum listed above)
 - c) laser eye surgery including costs for foldable lens implants when performed by an ophthalmologist or physician.
6. Reimbursement of contact lenses is subject to the vision maximum unless it is certified by an ophthalmologist or optometrist that contact lenses are required as a result of an eye disorder and that the necessary correction cannot be achieved with ordinary lenses. (In this event, reimbursement will be limited to \$200.00.)

Please Note: Coverage and eligibility may differ from bargaining group to bargaining group. If you are uncertain of your eligibility and/or coverage limits, contact your Blue Cross Departmental Administrator(s) before undertaking treatment.

Exclusions and Limitations

7. Manitoba Blue Cross shall not pay for the following:
 - a) Charges for fitting of eyeglasses.
 - b) Orthoptics, vision training, subnormal vision aids and aniseikonic lenses.
 - c) Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons.
 - d) Lenses which do not require a prescription from a physician, ophthalmologist or optometrist.