Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits.

We do not cover the following:

- Services provided by non-participating providers for Standard Option members;
- Any charges in excess of the benefit, dollar, or supply limits stated in this brochure;
- Any vision service, treatment or materials not specifically listed as a covered service;
- Any exams given during your stay in a hospital or other facility for medical care;
- Drugs or medicines;
- Services and materials that are experimental or investigational;
- Services or materials which are rendered prior to your effective date;
- Services and materials incurred after the termination date of your coverage unless otherwise indicated;
- Services and materials not meeting accepted standards of optometric practice;
- Services and materials resulting from your failure to comply with professionally prescribed treatment;
- Benefits may not be combined with any discount or promotional offering unless otherwise noted in an offer.
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or materials provided as a result of intentionally self-inflicted injury or illness;
- Services or materials provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;

- Office infection control charges;
- Charges for copies of your records, charts, or any costs associated with forwarding/mailing copies of your records or charts;
- State or territorial taxes on vision services and materials;
- Medical treatment of eye disease or injury;
- Special vision procedures, such as orthoptics, vision therapy or vision training;
- Special lens designs or coatings other than those described in this brochure;
- Special supplies such as nonprescription sunglasses and subnormal vision aids;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses instead of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services or digital devices such as iPads, cell phones, etc.;
- Insurance of contact lenses;
- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, sibling, by blood, marriage or adoption.
- Deductibles, copayments and coinsurance for medical services or other insurance are not reimbursable.