

Davis Vision

Exclusions and Limitations:

Benefit will not be paid for and the term "Covered Expenses" will not include charges:

1. For any Covered Expense not shown in the Schedule of Benefits.
2. For eye examinations required by an employer as a condition of employment except, as otherwise provided under the Occupational and Safety Program.
3. For services or materials provided in connection with special procedures, such as orthoptics and visual training, or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.
4. For lenses which do not provide vision correction, except as provided herein.
5. For charges for the replacement of lost or stolen lenses or frames.
6. For services or supplies furnished to a Member before the effective date of his Insurance under the Policy or after the date of Member's insurance ends.
7. For services rendered by practitioners who do not meet the definition of Provider.
8. For expenses covered by any other group insurance.
9. For expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association.
10. For any expenses covered by any union welfare plan or government program or a plan required by law.
11. For medically necessary contact lenses prescribed for a Member for which prior approval was not obtained from us or our authorized representative.
12. For laser vision correction for which prior approval was obtained from us or our authorized representative.

