



FROM  coordinated care

Adult Vision Benefit

Get additional coverage with our optional, add-on vision benefit.



Add additional coverage to your Ambetter health plan with the optional Ambetter Adult Vision Benefit. Covered vision services include services such as eye exams and prescription eyewear.

Adult Vision Coverage*

(Ages 19 years of age and older**)	Your Cost (In-Network Providers only)	Out-of-network	Subject to Deductible
Routine Eye Exam (1 visit per year)	100% covered	Not Covered	No
Eyeglasses (frames, 1 item per year)	Covered up to \$130	Not Covered	No
Lenses (per pair):			
Single	100% covered	Not Covered	No
Bifocal	100% covered	Not Covered	No
Trifocal	100% covered	Not Covered	No
Lenticular	100% covered	Not Covered	No
Contact Lenses:			
Contact lenses (in lieu of glasses)	Covered up to \$130	Not Covered	No
Contact lens fitting	100% covered	Not Covered	No
Specialty lens fitting	Covered up to \$50	Not Covered	No

*The Ambetter Essential Care 1 plan has a \$20 copay on all vision services.

**Adult routine vision does not apply to plan maximum.

Ambetter from Coordinated Care is a Qualified Health Plan issuer in the Washington Health Benefit Exchange and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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AMB15-WA-C-00168