

ENDORSEMENT

THIS IS AN ENDORSEMENT TO YOUR CONTRACT. PLEASE READ IT CAREFULLY. THIS ENDORSEMENT BECOMES A PART OF YOUR CONTRACT AND SHOULD BE ATTACHED TO IT.

This Endorsement applies to:

Diabetic Eye Care Benefit (BlueVision)

BLUE CROSS AND BLUE SHIELD OF NEBRASKA



Jeff Russell, President and
Chief Executive Officer

The Contract to which this Endorsement is attached is amended as follows:

The BlueVision Diabetic Eye Care benefit is designed to help detect and minimize vision-related complications by providing access to more frequent and in-depth eye care. The Diabetic Eye Care benefit includes the following;

- Coverage for Eligible Dependents with Type 1 or Type 2 diabetes;
- An office visit and diagnostic testing once every six months (separate from a comprehensive eye exam); or
- Diagnostic testing, including gonioscopy, extended ophthalmoscopy, fundus photography, and scanning laser (offered at the provider's discretion).

Exclusions and Limitations

BlueVision Diabetic Eye Care benefit includes diabetic eye care evaluation services only. Exclusions and limitations under this provision include, but are not limited to;

- Costs associated with securing frames, lenses, or any other materials;
- Orthoptics or vision training and any associated supplemental testing;
- Surgical procedures, including laser or any other form of refractive surgery and any pre or post operative Services;
- Pathological treatment of any type for any condition;
- Any eye examination required by an employer as a condition of employment;
- Insulin or any medication or supplies of any type;
- Services and/or materials not included in this endorsement or otherwise identified as covered;