

Kimball Electronics
EyeMed Diabetic Care Rider, Fixed Fee
Voluntary
Option Insight with Diabetic Benefit

EyeMed Vision Care in conjunction with Combined Insurance Company of America

Diabetic Care Services	Member Cost	Frequency	Out-of-Network Reimbursement
Office Service Visit (Medical Follow-up Exam) Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$77
Fundus Photography * Type 1 and Type 2 diabetics.	Covered 100% \$0 copay * Not covered if Extended Ophthalmoscopy is provided within 6 months	Up to (2) services per benefit year	\$50
Extended Ophthalmoscopy * Type 1 and Type 2 diabetics.	Covered 100% \$0 copay * Not covered if Fundus Photography is provided within 6 months	Up to (2) services per benefit year	\$15
Gonioscopy Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$15
Scanning Laser Type 1 and Type 2 diabetics.	Covered 100% \$0 copay	Up to (2) services per benefit year	\$33

Definitions:

Office Service Visit (Medical Follow-up Exam) Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making.

Some or all of the diagnostic services described below will be proived as deemed appropriate, subject to provider determination of service necessity and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography with interpretation and report . Fundus photography is a process using optical imaging equipment to photograph structures of the eye.

Extended Ophthalmoscopy with retinal drawing and interpretation and report. A serious retinal condition must exist or be suspected (based on results of routine ophthalmoscopy) which requires further detailed study.

Gonioscopy procedure to look at the anterior chamber structures of the eye between the cornea and the iris. Gonioscopy can be used in detection or treatment of conditions that can be more prevalent in diabetics such as glaucoma or neovascularization of the angle.

Scanning Laser Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report.

Exclusions and Limitations

The Diabetic Benefit covers diabetic eyecare evaluation services only. The following services and benefits are excluded:

- 1] Costs associated with securing frames, lenses, or any other materials
- 2] Orthoptics or vision training and any associated supplemental testing
- 3] Surgical procedures, including laser or any other form of refractive surgery, and any pre or post-operative services
- 4] Pathological treatment of any type for any condition
- 5] Any eye examination required by an employer as a condition of employment
- 6] Insulin or any medications or supplies of any type
- 7] Services and/or materials not included in this Rider