

# Highlights of your Health Care Coverage

## Bering Straits Native Corporation

Group Number: 4000231

Effective Date: 01/01/2016

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

VISION BENEFITS		
Routine Vision Exam (1 PCY)	Covered In Full <sup>1</sup>	Covered In Full <sup>1</sup>
Vision Hardware (\$200 PCY)	Covered In Full <sup>1</sup>	Covered In Full <sup>1</sup>

<sup>1</sup>Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.