



Addendum to the Medical Benefit Summary

**Texas – Choice Plus
Expatriate Insurance**

These Benefits are available to you in addition to the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.

ADDITIONAL BENEFITS

Types of Coverage	International and U.S. Network Benefits	Non-Network Benefits
Vision Materials		
Includes Eyeglass Frames and Eyeglass Lenses or Contact Lenses.	International: 100% to a maximum reimbursement of \$250.	100% to a maximum reimbursement of \$250.
Reimbursement is limited to a combined total of \$250 every 12 months.	U.S. Network: 100% to a maximum reimbursement of \$250.	
If your coverage includes this benefit, the language "Purchase cost and fitting charge for eye glasses and contact lenses" listed in the Vision and Hearing exclusion on the Benefit Summary would not apply.		

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, these documents shall prevail. It is recommended that you review your these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**