

- Routine colonoscopies when performed by an **HMO** or **PPO provider** in accordance with generally accepted medical age and frequency guidelines.

30. Temporomandibular Joint Syndrome (TMJ) Treatment

The Plan will pay charges for Temporomandibular Joint Syndrome (TMJ) Treatment and related care including x-rays, injections, surgery and appliances, payable to the maximum shown in the Schedule of Benefits.

31. Vision Benefits

The Plan will pay charges for the following vision services, up to the limit shown in the Schedule of Benefits:

- Routine eye examinations performed by a licensed optometrist or ophthalmologist.
- Eyeglass lenses and frames or contact lenses prescribed by a licensed optometrist or ophthalmologist.

32. Wellness Care

The Plan will pay benefits for the following wellness care obtained from an **HMO** or **PPO provider** (or from an **out-of-area** provider, if the covered person resides outside of the network service area). The Plan's "wellness benefit" covers the following services:

- Physical examinations which may include tests such as complete blood count, urinalysis, VDRL, tine test, screener, pap test, stool culture and sigmoidoscopy;
- Breast and Pelvic exams;
- Routine mammograms;
- Inoculations and immunizations;
- **Physician's** charges for well-child care;
- Annual PSA test for men age 40 and over.

Exceptions:

- Services such as electrocardiogram or chest x-rays, are not covered unless symptoms warrant the tests.
- Wellness benefits are not provided for examinations or inoculations required for employment, insurance or licensing, camp or marriage.
- **Services rendered by non-network providers are not covered.**