

This document describes the vision services that this vision plan covers. Deductibles, coinsurance, benefits, exclusions and limitations are subject to the provisions of the Certificate. If there are any inconsistencies in the provisions of the Certificate and this Schedule of Benefits, the provisions of the Certificate shall govern.

<b>BENEFIT</b>	<b>LEVEL OF COVERAGE</b>	
	<b>Preferred Provider In-Network Plan Pays*</b>	<b>Non-Preferred Provider Out-of-Network Plan Pays*</b>
<b>Examination Deductible (per covered person)     \$10</b>		
<b>Examination</b> One complete visual examination every 12 months	<b>100%</b> (Includes dilation)	<b>Up to \$45</b> (Dilation not covered)
<b>Frames</b> One frame every 24 months	Up to a Maximum Benefit Allowance of <b>\$85 (retail)</b>	Up to a Maximum Benefit Allowance of <b>\$45 (retail)</b>
<b>Standard Corrective Lenses</b> One pair every 24 months includes standard single vision, bifocal, trifocal or lenticular clear glass or plastic lenses	<b>100%</b>	Up to a Maximum Benefit Allowance of: Single vision up to     \$43 Bifocal up to             \$58 Trifocal up to             \$70 Lenticular: Single vision up to     \$125 Multifocal up to         \$125
<b>Medically Necessary Contact Lenses**</b> One pair or single lens every 24 months in lieu of all other vision materials	Up to a Maximum Benefit Allowance of <b>\$250 (\$125 per lens)</b>	Up to a Maximum Benefit Allowance of <b>\$250 (\$125 per lens)</b>
<b>Non-Medically Necessary (Cosmetic) Contact Lenses**</b> One pair every 24 months in lieu of all other vision materials	Up to a Maximum Benefit Allowance of <b>\$120</b>	Up to a Maximum Benefit Allowance of <b>\$105</b>

\* After satisfaction of applicable Deductibles, all Preferred Provider payments are based upon negotiated rates or are limited to Maximum Benefit Allowances. All non-Preferred Provider payments are limited to Maximum Benefit Allowances. Covered Persons are responsible for any provider charges in excess of Maximum Benefit Allowances.

\*\* Medically Necessary Contact Lenses must be prior authorized.

**Second Pair**

We recognize that many members prefer to have a second pair of frames and lenses as a convenience. The first pair of frames and corrective lenses are covered by the plan, however, we have negotiated with Preferred Providers and allow them to extend a 20% discount from their Reasonable and Customary fees for a second pair of frames and corrective lenses (including, but not limited to, prescription sunglasses, VDT prescription in lieu of bifocals, safety glasses, occupational or recreational glasses) at the same time as the first pair of frames and corrective lenses. Of the two pairs of frames and corrective lenses, the more expensive pair will be defined as the “first pair” while the least expensive pair will be considered the “second pair”.

## **EXCLUSIONS AND LIMITATIONS**

**Except as otherwise provided in the Schedule of Benefits,  
the following are excluded from coverage:**

1. Charges for procedures, services or materials that are not included as Covered Charges.
2. Any portion of a charge in excess of the Maximum Benefit Allowance.
3. Expenses for any non-Standard Corrective Lens materials, including but not limited to the following: coated, dyed, glass lens tints or laminated lenses, progressive, blended, or oversize lenses, occupational or recreational lenses, polycarbonate, safety glasses, scratch resistant, UV protection, anti-reflective, or photochromatic/photosensitive lenses.
4. Non-prescription lenses.
5. Orthoptics, vision training and low vision aids and any associated supplemental testing.
6. Medical or surgical treatment of the eye including, but not limited to, Laser In Situ Keratomileusis (LASIK) and Photorefractive Keratectomy (PRK).
7. Prescription or non-prescription medications.
8. Any eye examination or any corrective eye wear required as a condition of employment.
9. Services or materials which are Experimental, Cosmetic or not Medically Necessary.
10. Any service or material not prescribed by an ophthalmologist, optometrist or registered dispensing optician.
11. Services and materials furnished in conjunction with excluded services and materials.
12. Services and materials for repair or replacement of broken, lost or stolen lenses, contact lenses or frames.
13. Services and materials that a Covered Person received during a Service Interval under any other plan offered by the Company or one of the Company's affiliates.
14. Charges incurred before a Covered Person's effective date of coverage under the Policy or after such coverage terminates.
15. Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
16. Services and materials obtained while outside the United States, except for Emergency Vision Care.
17. Services or materials resulting from or in the course of Your or a Dependent's regular occupation for pay or profit for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
18. As follows:
  - Charges payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, the Company will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and Materials;
  - Charges are not imposed against the person or for which the person is not liable;
  - Charges are reimbursable by Medicare Part A and Part B. If a person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her benefits under this Policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for persons insured under Employers who notify the Company that they employ 20 or more Employees during the previous business year, this exclusion will not apply to an Actively Working Employee and/or his or her spouse who is age 65 or older if the Employee elects coverage under this Policy instead of coverage under Medicare;
19. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.