

**EXCLUSIONS**

Your selected Participating Vision Provider must provide all of the following services in order to be covered under this vision plan.

This document describes the services this vision plan covers, co-payment requirements, and any benefits, and exclusions. (Please refer to your Evidence of Coverage for further details.)

| Frequency<br>(months) | Exam | Lens | Frames | Contacts |
|-----------------------|------|------|--------|----------|
|                       | 12   | 12   | 24     | 24*      |

| Coverage  |  |
|---|--|
| <b>Exam</b>   | <b>Your Co-payment</b> \$10  |
| <b>Materials</b>                                      | <b>Your Co-payment</b> \$25  |
| <b>Lens Allowance</b>                                 | <p>The following Medically Necessary Basic lenses in either clear glass or standard plastic (CR39), are covered at 100% (after materials co-payment, if any):</p> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Polycarbonate Lenses (for children 12 years of age and under only)</li> </ul> <p>If you wish to purchase lenses not covered at 100%, you will be responsible for the provider's charges.</p>  |
| <b>Frame Allowance</b>                                | <p><b>\$35 Maximum Wholesale Allowance</b></p> <p>If you wish to purchase a frame not fully covered by the plan, you will be responsible for the difference between the allowance and the wholesale cost of the more expensive frame, plus an additional service fee.</p>  |
| <b>Non-Medically Necessary Contact Lens Allowance</b> | <p><b>\$120 Maximum Retail Allowance</b></p> <p>The above coverage applies to prescriptions for contact lenses that are not Medically Necessary. The allowance applies to all costs associated with obtaining contact lenses. You are responsible for any charges in excess of the allowance plus any applicable co-payments. (Contact lenses are offered in lieu of frames and lenses and shall be provided at the same intervals as frames.)</p>   |
| <b>Medically Necessary Contact Lens Allowance</b>     | <p><b>\$250 Maximum Allowance</b></p> <p>Participating Providers have agreed to limit their charges to a reduced amount that is 80% their usual charge. The allowance applies to all costs associated with obtaining contact lenses. You are responsible for any charges in excess of the allowance plus any applicable co-payments. (Contact lenses are offered in lieu of frames and lenses and shall be provided at the same intervals as lenses.) *Medically Necessary contact lenses may be purchased under a 12-month frequency.</p> |

No benefits are payable under this Plan for any expenses incurred for:

1. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
2. Services and supplies provided by a provider who is not a Participating Vision Provider, except as specifically described in the section entitled "Emergency Vision Care" in the Evidence of Coverage.
3. Charges for services and materials that the Participating Vision Provider determines to be (1) not Medically Necessary, (2) beyond the maximum material allowance for frames and contact lenses indicated in the Schedule of Benefits, or (3) non-basic, are excluded.
4. Hospital and medical charges of any kind, medical transportation, vision services rendered in a hospital, prescriptions or medications, and medical or surgical treatment of the eyes, are excluded.
5. Prescriptions from non-Participating Vision Providers.
6. Replacement due to loss, theft or destruction is excluded, except when replacement is at the regular time intervals of coverage under this vision plan.
7. Orthoptics and vision training, and any associated testing, subnormal vision aids, plano (non-prescription) lenses are excluded.
8. A second pair of glasses in lieu of bifocals.
9. Services that cannot be performed because of the general health, physical, emotional, mental or behavioral limitations of the patient.
10. Services and supplies considered experimental in nature.
11. Services and supplies rendered by a person who resides in the Member's home, or by an immediate relative of the Member.
12. Services or supplies provided for or paid by a federal or state government agency or authority, political subdivision, or other public program.
13. Any expenses paid by any Workers' Compensation law or act, Employers' Liability law or by any governmental program, law or agency, except for Medicare or Medicaid.
14. Any services or Materials as a condition of employment (e.g., safety glasses).
15. Charges associated with copying or transferring vision records.