

Vision Care Benefits

A. Benefits.

- (1) Benefits for covered Vision Care Services will be provided to eligible Employees and their dependents through participating providers who have agreed to accept an assignment of the benefit claim hereunder by the Employee to the provider.
- (2) Effective January 1, 2007, if covered Vision Care Services are received from a non-participating provider, the amount of the benefit reimbursed directly to the Employee or his dependent shall be in accordance with the following schedule.

Reimbursement Schedule

Professional Fees

Vision Examination	\$ <u>65.00</u>
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<u>Materials</u>	<u>Pair</u>
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Single Vision	\$ <u>84.00</u>
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Bifocals	\$ <u>83.00</u>
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Trifocals	\$ <u>112.00</u>
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Lenticular	\$ <u>125.00</u>
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Frames	\$ <u>70.00</u>
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Contact Lenses

In lieu of all other Plan benefits

Necessary	\$ <u>215.00</u>
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Cosmetic (including disposable contacts)	\$ <u>140.00</u>
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The schedule amounts are maximum and the actual amount of reimbursement shall be the lesser of: (a) the maximum shown in the reimbursement schedule, (b) the amount charged, or (c) the amount usually charged by the provider for services to his private patients.

B. Covered Vision Care Services.

The Vision Care Services covered by this Paragraph 6.17 are:

- (1) Vision Examination. Benefits shall be payable for a vision examination only when performed by a participating provider or a non-participating optometrist or ophthalmologist. Payment of such benefits shall be limited to one such vision examination for each Employee and dependent in any period of twenty-four (24) consecutive months.

- (2) Lens or Lenses. Benefits shall be payable for lenses only when prescribed by a participating provider or a non-participating optometrist or ophthalmologist. Payment of such benefits shall be limited to one pair of lenses, for each Employee and dependent in any period of twenty-four (24) consecutive months.
- (3) Frame. Benefits shall be payable for a frame when such frame is for use with a lens or pair of lenses which are prescribed by a participating provider or non-participating optometrist or ophthalmologist, or for a frame, if replacement is necessary. Payment of such benefits shall be limited to one frame for each Employee and dependent in any period of twenty-four (24) consecutive months.
- (4) Contact Lens or Lenses.
- (a) Necessary. In lieu of the benefits provided above, benefits shall be payable for a contact lens or contact lenses only when prescribed by a participating provider or a non-participating optometrist or ophthalmologist for any of the following conditions:
- Original or replacement lenses following cataract surgery;
 - To correct extreme visual acuity problems;
 - To correct for significant anisometropia; and
 - Keratoconus.
- (b) Cosmetic. In lieu of the benefits provided above, benefits shall be payable for a contact lens or contact lenses when prescribed for cosmetic purposes by a participating provider or a non-participating optometrist or ophthalmologist. If prescribed by a non-participating optometrist or ophthalmologist, benefits shall be payable in accordance with the Contact Lenses fees as described in the Reimbursement Schedule under (A)(3) of this Paragraph 6.17. If prescribed by a participating provider, an allowance of \$140 will be made in lieu of all other benefits.
- (c) Payment of such benefits shall be limited to one such lens or pair of lenses for each Employee and dependent in any period of twenty-four (24) consecutive months and provided that such Employee or dependent has not received benefits for lenses under Paragraph (B)(2) in such period of twenty-four (24) consecutive months.

C. Limitations.

Payment for the following materials will not be made for any amount that exceeds benefits allowable under the Plan:

- (1) Oversize lenses;
- (2) Blended lenses;
- (3) Multifocal plastic lenses (except with prior approval);
- (4) A frame that costs more than the Plan allowance;
- (5) Two pair of glasses in lieu of bifocals;
- (6) Contact lenses, except as specifically provided elsewhere herein; and
- (7) Tinted or coated lenses (other than pink #1 or #2).

D. Exclusions.

No benefits are payable for the following services, including supplies:

- (1) Orthoptics or vision training or subnormal vision aids.
- (2) Lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise provided for.
- (3) Medical or surgical treatment of the eyes.
- (4) Eye examinations required by an employer as a condition of employment.
- (5) Services or materials for which the Employee or dependent may be compensated under any Workers' Compensation law or other Employers' Liability laws regardless of jurisdiction; or services for which the Employee or dependent, without cost, can obtain the needed care from any federal, state, county, municipality, or special district organization or agency.
- (6) Lenses for which reimbursement has been made under the Major Medical Expense Benefits pursuant to Paragraph 6.7 immediately following cataract surgery.