

VISION SCHEDULE OF BENEFITS

Benefit Period	Calendar year
Dependent Age Limit	The end of the month of the 26th birthday

The choice of a Provider is solely yours. Providers are designated as Participating or Non-Participating.

The amount of benefits you receive for Covered Services may vary depending upon the status of the Provider. When Covered Services are provided by Non-Participating Providers, you may be responsible for Excess Charges.

The following are subject to a \$7.50 Copayment:

Vision Examinations (1)

The following are subject to a \$12.50 Copayment:

Frames (2);

Lenses (2)

It is important that you understand how the Claims Administrator, Medical Mutual, calculates your responsibilities under this coverage. Please consult the "HOW CLAIMS ARE PAID" section for necessary information.

Type of Service	Benefit Maximums
Vision Examinations	One examination per Benefit Period
Frames	One Frame every two Benefit Periods
Lenses (3)	One pair per Benefit Period; Progressive limited to a maximum of \$150
Contact Lenses (3)	One pair per Benefit Period

VISION PAYMENT SCHEDULE

Type of Service	You Pay the Following
Vision Examinations (1)	0% of the Traditional Amount after a \$7.50 Copayment
Frames (2)	0% of the Traditional Amount after a \$12.50 Copayment
Lenses (2)	0% of the Traditional Amount after a \$12.50 Copayment
Contact Lenses (3)	0% of the Traditional Amount

Notes

1. When obtaining a Contact Lens examination, you will also be responsible for payment of any amount over the cost of a spectacle examination.
2. If any of these Covered Services are received on the same day, only one Copayment will be charged per day.
3. Benefits available for Lenses may be used for Contact Lenses in lieu of Lenses.

VISION RIDER

This Rider amends your Benefit Book. Except as amended, your Benefit Book remains unchanged. When coverage under your Benefit Book ends, coverage under this Rider also ends.

VISION BENEFITS

This section describes the services and supplies covered if provided and billed by Providers. All Covered Services must be Medically Necessary unless otherwise specified.

The following are Covered Services:

Vision Examinations - Regardless of Medical Necessity, Medical Mutual will cover the following services when performed as part of a vision examination:

- a case history;
- an external examination of the eye and adnexa;
- an ophthalmoscopic examination;
- a determination of refractive status;
- binocular balance testing;
- tonometry, as needed;
- gross visual fields;
- color vision testing;
- summary findings; and
- recommendations including prescribing Lenses.

Prescribed Lenses and Frames - Medical Mutual will cover the following services only when performed to obtain prescribed Lenses and Frames:

- facial measurements and determination of interpupillary distance;
- assistance in choosing Frames;
- verification of Lenses as prescribed; and
- after-care for a reasonable period of time for fitting and adjustment.

The total payment available for Lenses, Frames and the above services is limited to the amount available for Lenses and Frames listed in the Schedule of Benefits.

Prescribed Contact Lenses - Please refer to your Vision Schedule of Benefits for information on how Contact Lenses will be covered.

EXCLUSIONS

In addition to the exclusions and limitations explained in the Vision Benefits section and in your Benefit Book, coverage is not provided for services and supplies:

1. For diagnostic services, drugs or medications not part of a vision examination.
2. For an eye examination or materials ordered as a result of an eye examination prior to your Effective Date.
3. For Lenses which are not prescribed.
4. For medical or surgical treatment.
5. For the replacement of Lenses or Frames except as specified in the Schedule of Benefits.
6. For safety glass and safety goggles.
7. That Medical Mutual determines are special or unusual; such as orthoptics, vision training and low vision aids.

8. For tints other than Number One or Two.
9. For tints with photosensitive or antireflective properties.
10. For non-covered services or services specifically excluded in the text of this Rider.

GENERAL PROVISIONS

How Claims are Paid

Coinsurance

You may be responsible for Coinsurance amounts subject to any limitations set forth in your Schedule of Benefits.

Schedule of Benefits

The Schedule of Benefits shows your financial responsibility for Covered Services. The Plan covers the remaining liability for Covered Services after you have paid the amounts indicated in the Schedule of Benefits.

Your Financial Responsibilities

Your financial responsibilities may include Coinsurance amounts, Non-Covered Charges and Billed Charges for all services and supplies after benefit maximums have been reached.

You may also be responsible for Excess Charges if your Provider does not accept the Traditional Amount as payment in full.

Coinsurance and amounts paid by other parties do not accumulate towards benefit maximums.

DEFINITIONS

In addition to the definitions listed in your Benefit Book, the following definitions also apply to this coverage:

Contact Lenses - corrective Lenses, ground or molded, as prescribed by a Physician or Optometrist to be directly fitted to your eye.

Frame - standard eyeglasses excluding the Lenses.

Lenses - clear glass or plastic single vision, bifocal or trifocal corrective materials which are ground as prescribed by a licensed Provider.

Optician - an Other Professional Provider lawfully engaged in dispensing Lenses prescribed by a Physician or Optometrist.

Optometrist - an Other Professional Provider licensed to practice optometry.

Traditional Amount - the maximum amount determined and allowed by Medical Mutual for a Covered Service provided by a Physician or Other Professional Provider based on factors, including the following:

- the actual amount billed by a Provider for a given service
- Center for Medicare and Medicaid Services (CMS)'s Resource Based Relative Value Scale (RBRVS)
- other fee schedules
- input from Participating Physicians and wholesale prices (where applicable)
- geographic considerations; and
- other economic and statistical indicators and applicable conversion factors.