



Vision Rider

At the request of the Employer Group, this rider is to provide coverage for vision examinations, corrective lenses, and frames for you and your enrolled dependents when prescribed by a licensed ophthalmologist or licensed optometrist. This rider allows you to choose any licensed ophthalmologist, optometrist or optician. However, there is a difference in member cost sharing for participating (in-network) vision providers and non-participating (out-of-network) vision providers.

This rider is an amending attachment to the Medical, Surgical, Pharmacy and Hospital Insurance Group Certificate, the Benefit Schedule, and all supplemental benefit riders. All terms, conditions, exclusions and definitions of the Medical, Surgical, Pharmacy and Hospital Insurance Group Certificate and its attachments as it relates to the member continue to apply.

Cost Share	In-Network	Out-of-Network
Vision Exam	\$25 copay	\$60 copay

Benefits

Deductible <i>Per calendar year</i>	There is no deductible for covered vision services or supplies. Benefits are paid up to the maximum plan allowance limits listed below. These vision care benefits are provided on a calendar year basis.
Eye Examinations	One comprehensive eye exam per calendar year.
Vision Hardware and/or Accessories	The following hardware and/or accessories are covered every 1 calendar years at a combined maximum plan allowance of \$175: <ul style="list-style-type: none"> • Single Vision Lenses • Polycarbonate Lenses • Lined bifocal Lenses • Lined trifocal Lenses • Contact Lenses • Frames Progressive lenses are covered, if prescribed and billed appropriately by a licensed provider and for a diagnosis not excluded in our plan description.

Limitations and Exclusions

The vision care benefit will only pay for the items listed above up to the maximum plan allowance per individual and per calendar year.

The following are not covered benefits under this rider:

- Any cost which is in excess of the maximum plan allowance
- Medical or surgical treatment of the eyes
- Visual fields testing
- Contact lens or eyeglass fitting fees
- Orthoptics or vision training
- Lenticular lenses

- Subnormal vision aids
- Aniseikonic lenses
- High index lenses (other than polycarbonate)
- Photochromic, transition and nonprescription tinted lenses
- Hardware repairs
- Nonprescription or Plano lenses
- Extra charges for fashion eyewear features such as blended bifocals, flash coated, oversize lenses, or more than the standard cost for frames.
- Duplication or replacement eyeglasses, lenses or frames
- Any eye examination required as a condition of employment
- Any expense paid in whole or in part by any other provision of the Group Plan provided by your employer
- Experimental or investigational vision services are excluded under the same standards as the medical benefits
- Services and supplies that are payable under a workers' compensation or occupational disease law