

Vision Examination Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all its provisions. Please refer to all sections of your Contract, including your *Outline of Coverage* for guidelines on coverage and Cost-Sharing details.

1. Vision Care

The chapter in your Certificate entitled “Covered Services” is hereby amended.

The following covered language is *ADDED*:

Vision Care

We cover one routine vision examination each calendar year. This exam assesses your visual functions to:

- determine if you have any visual problems and/or abnormalities; and
- prescribe any necessary corrective eyewear.

We do not cover the evaluation and fitting of contact lenses or additional supplemental tests as part of this examination.

2. General Provisions

Your vision benefits are administered by Vision Service Plan (VSP). To receive the best benefits for vision care, you must obtain services and materials through a VSP Network Provider. For a list of providers, visit www.vsp.com or call VSP at (800) 877-7195.

We have a different Allowed Amount for Non-Network Providers than we have for Network Providers. If you decide not to see a VSP Network Provider, you may pay a larger share of the cost. You must pay for your services at the time of your appointment. Follow the instructions below to be reimbursed for Non-Network services.

3. Claim Filing

Your Network Provider will file your claim on your behalf. We will reimburse your Provider directly.

To receive reimbursement when you visit a non-VSP Provider, you must pay for your services up front. We reimburse you only up to our Allowed Amount for Covered Services. To receive reimbursement when you visit a non-VSP Provider, sign on to www.vsp.com, select the *Non-Network Reimbursement Form* and follow the instructions. Or, you may send an itemized receipt listing

the services received along with the patient’s name and covered subscriber’s name and ID number to VSP. Non-Network claims must be submitted to VSP within six months of service. Mail the original claims reimbursement request and receipts to the address included on the form.

4. Exclusions

We do not cover services or supplies for:

- vision training, orthoptics or plano (non-prescription) lenses;
- vision materials (lenses, frames, etc.) for refractive purposes unless you need them to replace the lens of the eye and the lens was not replaced at the time of Surgery (unless your Group has purchased a vision materials rider); and
- any eye examination or corrective eyewear required by an employer as a condition of employment.

Also refer to General Exclusions in your Certificate.



Don C. George
President and CEO