Vision Materials Benefit 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 Materials

The chapter in your Certificate entitled "**Covered Services**" is hereby amended.

The following covered language is *ADDED*:

Vision Materials

We cover the following supplies and services:

- one pair of frames and/or lenses for prescription glasses and related Professional services each calendar year; or
- one pair of contact lenses and related Professional services each calendar year; and
- Professional services for low vision.

Frames and/or lenses are subject to the Cost-Sharing (Co-payment, Deductibles, Co-insurance amounts) as shown on your *Outline of Coverage* and explained in your Certificate. Cost-Sharing for vision materials may be separate from the Cost-Sharing for your vision exam.

Please note that we do not cover "Cosmetic" (those which we do not consider "necessary") frames and/or lenses as described below.

Frames for Prescription Glasses

We cover a frame of your choice up to a $120 allowance. A Network Provider will give you a discount on any amount over the allowance.

Lenses for Prescription Glasses

We cover single vision, lined bifocal, and lined trifocal lenses. When you select any of the non-Covered Cosmetic extras indicated below or any other items not necessary to correct your vision, we will pay the basic cost of the allowed lenses (minus any Cost-Sharing due) and you must pay the additional costs for Cosmetic extras. Non-Covered Cosmetic extras may include:

- blended or progressive multi-focal lenses;
- oversize lenses; and/or
- tinted or coated lenses (other than solid pink #1 and #2).

Contact Lenses

When you choose contact lenses instead of glasses, we cover costs associated with contact lenses up to $105. Your allowance applies to the cost of your contact lenses, the fitting and an evaluation exam.

We do not cover contact lenses that are solely for cosmetic purposes (for example, to change your eye color).

Necessary Contact Lenses

When contact lenses are necessary because of eye conditions such as aphakia, anisometropia, high ametropia, nystagmus, keratoconus or other medical conditions that would inhibit the use of glasses, you pay only your Co-Payment for vision materials if you use a Vision Service Plan (VSP) Network Provider. Your Provider must get Prior Approval from VSP.

If you choose a Non-Network Provider for necessary contact lenses, you must pay for your services up front. VSP will review your claim and decide if your contact lenses are necessary. If your services are approved, you will be reimbursed up to our Allowed Amount minus your Co-payment.

Related Professional Services

When your annual vision exam (as described in your Contract) indicates that prescription glasses or contact lenses are necessary for your proper vision, we cover Professional services necessary to:

- prescribe and order proper lenses;
- assist you in the selection of a frame;
- verify the accuracy of the finished lenses;
- adjust and fit your prescription glasses properly;
- perform necessary follow-up work; and/or
- adjust your frames to maintain comfort and efficiency at a later date, if necessary.

Low Vision

If your vision cannot be corrected to 20/70 with the use of spectacle lenses, but your acuity is not worse than 20/200, we cover supplemental testing and a therapy program which can include:

- low vision prescription services;
- supplemental testing for low vision evaluation; and
- optical and non-optical aids.

Your Network Provider must get Prior Approval from VSP for low vision services or aids. VSP provides a $1,000 maximum benefit every two years (includes one supplemental exam/evaluation and materials). If supplemental testing is approved, it will be covered at 100 percent of the Allowed Amount by VSP every two years. If aids are approved, VSP will pay 75 percent of the approved amount up to a maximum of $1,000 (less any amount paid for supplemental testing) per member every two years. The member is responsible for the remaining 25 percent of the approved amount plus any amount over the maximum.

If you choose a Non-Network Provider for low vision services or aids, you must pay for your services up front. Follow the instructions in Section 3 of this rider to file your claim. VSP will review your services and decide if they are covered. If your services are approved, you will be reimbursed up to our Allowed Amount.

2. General Provisions

Requirements

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;
- lenses and frames furnished under this program which are lost, broken or scratched (these will only be replaced at the normal intervals when benefits are otherwise available);
- medical or surgical treatment of the eyes (refer to your Certificate); and
- any eye exam 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