

Vision Care Insurance - Summary of Benefits

offered through Consolidated Health Plans

This schedule is a summary description of coverage. Certain limitations, exclusions and conditions apply. For complete details, please refer to Policy form number series C22438. The Policy will govern in all cases. Coverage may not be available in all states.

National Vision Administrators, LLC (NVA) is the Participating Provider Network in **North Carolina**.

For all other states, EyeMed is the Participating Provider Network.

Benefits will be paid up to the maximum benefit for each service below. Covered benefits include:

BENEFIT	Participating Provider	Non-participating Provider
Vision examination: Limit once every 12 consecutive months*.	Covered in full after \$20 co-pay	\$35
Standard lenses: Limit once every 12 consecutive months*. Standard lenses include single, bifocal and trifocal. Standard polycarbonate lenses are covered for insured dependent children.	Covered in full after \$20 co-pay	Single: \$20 Bifocal: \$40 Trifocal: \$55 Polycarbonate (for insured dependent children): \$40
Frames: Limit once every 12 consecutive months*.	\$130, then 20% discount off balance	\$45
Contact lenses, fitting and follow-up: Limit once every 12 consecutive months*. <i>Note: Benefits for Contact Lenses are in lieu of benefits for lenses and frames.</i>	\$115 then 15% off balance	\$64
Contact Lenses		
Lens options		
UV coating	\$15	Not covered
Tint (Solid and Gradient)	\$15	Not covered
Standard scratch-resistance	\$15	Not covered
Standard polycarbonate	\$40	Not covered
Standard progressive	\$65	Not covered
Standard anti-reflective	\$45	Not covered
Other Add-Ons and Services	20% off retail price	Not covered
Laser/PRK surgery: Available only through providers of U.S. Laser Network, owned and administrated by LCA-vision.	15% discount off the retail price of lasik or PRK laser vision correction procedures or 5% off promotional price.	Not covered

**Note: In the event that you reach the maximum benefit allowed under the student insurance plan, you will still receive a 40% discount off complete pairs of eyeglasses and a 15% discount off conventional contact lenses at network providers.*

You will also receive a 20% discount at network providers on items not covered by the plan, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses.

Exclusions:

Benefits will not be payable under this Policy for expenses incurred for the following unless otherwise indicated in the proposed schedule of benefits:

1. Professional services and/or materials in connection with:
 - a. blended bifocals, no line, or progressive addition lenses.
 - b. compensated or special multi-focal lenses.
 - c. plain (non-prescription) lenses.
 - d. anti-reflective, scratch, UV400, or any coating of lamination applied to lenses.
 - e. Subnormal Visual Aids.
 - f. tints.
 - g. orthoptics, vision training, and developmental vision procedures.
 - h. polycarbonate lenses.
2. Broken, lost or stolen lenses, contact lenses, or frames.
3. Medical or surgical treatment of the eye, unless such treatment is performed during a Vision Examination, subject to the applicable Vision Examination Maximum Benefit shown in the Master Application.
4. Services or materials which are payable under any Workers' Compensation Act or similar law or any public program other than Medicaid.
5. Services or materials rendered by a provider other than an Ophthalmologist, Optometrist, or Optician acting within the scope of his or her license.
6. Any additional service required outside basic vision analyses for contact lenses, including but not limited to fitting fees unless otherwise specified in the schedule of benefits.
7. Vision examination for vision materials that may be required as a condition of employment, including but not limited to industrial or safety glasses.
8. Services rendered after the date an Insured Person ceases to be covered under this Policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the Insured Person within 31 days from the date of such order.
9. Services rendered or materials ordered before the date coverage began under this Policy.
10. Benefits more frequently than that which is specified in the Master Application.