

VISION SCHEDULE OF BENEFITS

Benefit Period	Consecutive 24 months
Dependent Age Limit	The end of the month of the 26th birthday

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 exam within a 24 month period \$50 per exam
Frames	One pair within a 24 month period \$40 per pair
Lenses	One pair within a 24 month period Single Vision \$60 per pair Bifocals \$70 per pair Trifocals \$70 per pair Lenticular - Single \$60 per pair Lenticular - Bifocal \$70 per pair Lenticular - Trifocal \$70 per pair
Contact Lenses	One pair within a 24 month period (1) Medically Necessary: \$80 per pair Cosmetic: \$80 per pair

Notes

1. Contacts are provided 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 Charges 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.