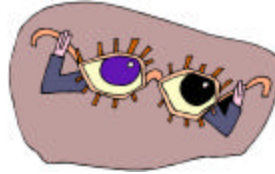


VISION CARE



The Vision Care benefit reads as follows:

The following items when **recommended by a physician or optometrist:**

1. Frames, lenses, the fitting of any type of prescription glasses (including contact lenses), and laser vision correction/laser eye surgery up to a total payment of \$300 in any twenty-four (24) consecutive months.
2. Contact lenses, up to a total payment of \$200 per person in any two (2) consecutive benefit years, if they are prescribed for severe corneal astigmatism, severe corneal scarring, *keratoconus* or *aphakia*, and if visual acuity can be improved to at least the 20/40 level by contact lenses only.
3. Services for visual training or remedial exercises.
4. Ocular examinations, including refraction, limited to one (1) in any benefit year for a child and one(1) in any two (2) consecutive benefit years for any other person.

Example No. 1:

If you purchase prescription glasses/contact lenses (with a recommendation from a physician or optometrist) on February 2, 2003 and it is your initial purchase, you will be entitled to a maximum payment of \$300.00 (providing the fees charged encompass the cost of the frames, lenses and the fitting of the product). Charges for extra items such as straps etc. will not be covered.

With the benefit allowance being every twenty-four (24) consecutive months, you will not be entitled to this coverage again until February 2, 2005.

To determine vision care eligibility for any group with a 24 consecutive month benefit, you must count back 24 months from the current purchase date. If nothing has been submitted and paid within the last 24 consecutive months, you are eligible for the full benefit.

Example No. 2:

If a partial payment has been made within the last 24 consecutive months, your eligibility would be the plan maximum (\$300.00) less the payment made within the last 24 consecutive months.

January 23, 2003	-	\$250.00 paid (total cost for vision care expense was \$250.00)
June 15, 2004	-	\$50.00 paid (claimant submitted another vision care expense)
January 23, 2005	-	eligible for \$250.00
June 15, 2006	-	eligible for \$50.00

** Note: If no purchase had been made after January 23, 2003, the claimant would have been eligible for the \$300.00 on January 23, 2005.

In addition to the coverage noted above for frames, lenses and the fitting of any type of prescription glasses, if you have one (1) of the four (4) medical conditions stated under the contact lense benefit and your vision cannot be improved to at least the 20/40 level with glasses but can with contact lenses, you are entitled to an additional \$200 maximum payment every twenty four (24) consecutive months. If you purchased these medically necessary contact lenses on February 7, 2003, you will again be entitled to the same coverage on February 7, 2005.

Please note that ocular examinations, are limited to one (1) in any benefit year for a child and one (1) in any two (2) consecutive benefit years for any other person. The benefit year runs from July 1 to June 30.