

### Schedule of Vision Benefits

The following Deductibles, maximums and benefits are per Participant:

VISION BENEFITS SCHEDULE	
BENEFIT	BENEFIT PERCENTAGE – All PROVIDERS <i>(What the Plan Pays)</i>
<ul style="list-style-type: none"> <li>Complete Visual Examination (<i>including refraction</i>)</li> </ul>	100%, Deductible waived <i>Limited to one exam every 24 months</i>
<ul style="list-style-type: none"> <li>Corrective Vision Aids</li> </ul>	<i>Limited to \$300 every 24 months, combined benefit for all corrective vision aids</i>
<ul style="list-style-type: none"> <li>o Single Vision Lenses</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Bifocal Lenses</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Trifocal Lenses</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Lenticular Lenses</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Progressive Lenses</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Frames</li> </ul>	100%, Deductible waived
<ul style="list-style-type: none"> <li>o Contacts</li> </ul>	100%, Deductible waived
<p><i>Important Note: For Dependent Children between the ages of 5 and 18, benefits will be available for one eye exam and either one pair of glasses, or a one-year supply of contacts, per Plan Year. Benefits for these expenses will be paid as follows: Visual Examination - 100%, Deductible waived, and for Corrective Vision Aids (eyeglasses or contacts), 100%, Deductible waived, and the Corrective Vision Aid maximum will not apply.</i></p>	