

VISION BENEFIT SUMMARY

The following shows the vision benefit available under this Plan for enrolled members for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the enrolled member turns 19. Co-payment and/or co-insurance for covered charges apply to the medical Plan's out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member's responsibility and will not apply toward the member's medical deductible or out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Enrolled Members Age 18 and Younger		
Eye exam	No deductible, No charge	No deductible, No charge up to \$40 maximum benefit
Vision hardware	No deductible, No charge for one pair per calendar year for glasses (lenses and frames) or contacts (lenses and fitting).	No deductible, No charge for one pair per calendar year up to \$75, then 100% co-insurance for glasses (lenses and frames) or contacts (lenses and fitting).
Enrolled Members Age 19 and Older		
Eye exam	No deductible, No charge	No deductible, No charge up to \$40 maximum benefit
Single vision lenses	No deductible, No charge	No deductible, No charge up to a \$56 maximum benefit
Bifocal lenses	No deductible, No charge	No deductible, No charge up to a \$84 maximum benefit
Trifocal lenses	No deductible, No charge	No deductible, No charge up to a \$116 maximum benefit
Lenticular lenses	No deductible, No charge	No deductible, No charge up to a \$236 maximum benefit
Progressive lenses	No deductible, No charge up to \$116 maximum benefit	No deductible, No charge up to a \$116 maximum benefit
Frames	No deductible, No charge up to a \$150 maximum benefit	No deductible, No charge up to a \$150 maximum benefit
Contact Lenses (in lieu of glasses)		
Contact lenses	No deductible, No charge up to \$131 maximum benefit	No deductible, No charge up to \$131 maximum benefit

Benefit Limitations: enrolled members age 18 and younger

- One vision exam every calendar year.
- Vision hardware includes glasses (lenses and frames) or contacts (lenses and fitting) in lieu of glasses once per calendar year.

Benefit Limitations: enrolled members age 19 and older

- One vision exam every 12 months.
- Vision hardware includes glasses (lenses and frames), or contacts (lenses and fitting).
 - Lenses: One pair every 12 months.
 - Frames/Contact lenses: Once every 24 months. Contact lenses are in lieu of frames and lenses.

Exclusions

- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids.
- Plano contact lenses.
- Anti-reflective coating and scratch resistant coatings.
- Replacement of lost, stolen, or broken lenses or frames.
- Nonprescription lenses.
- Duplication of spare eyeglasses or any lenses or frames.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Expenses covered under any workers' compensation law.
- Services or supplies received before this Plan's coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by the employer.
- Medical or surgical treatment of the eye
- Lens tint.
- Polycarbonate lenses for enrolled members age 19 and older.

Important information about your vision benefits

Your Plan Sponsor's Plan includes coverage for vision services, including prescription eyeglasses and contact lenses. To make the most of those benefits, it's important to keep in mind the following:

In-network Providers

This Plan is able to add value to your vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to you in your benefits.

Paying for Services

Please remember to show your current PacificSource member ID card whenever you use your plan's benefits. PacificSource's provider contracts require in-network providers to bill us directly whenever you receive covered services and supplies. Providers normally call PacificSource to verify your vision benefits and then bill PacificSource directly. In-network providers should not ask you to pay the full cost in advance. They may only collect your

share of the expense up front, such as copayments and amounts over this Plan's allowances. If you are asked to pay the entire amount in advance, tell the provider you understand they have a contract with PacificSource and should bill PacificSource directly.

Sales and Special Promotions

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because in-network providers already discount their services through their contract with PacificSource, your in-network benefits cannot be combined with any other discounts or coupons. You can use your in-network benefits, or you can use your out-of-network benefits to take advantage of a sale or coupon offer. If you do take advantage of a special offer, the in-network provider may treat you as an uninsured customer and require full payment in advance. You can then send the claim to PacificSource yourself, and your Plan Sponsor will reimburse you according to your out-of-network benefits.