

VISION BENEFIT SUMMARY

The following shows the vision benefit available under this Plan for enrolled members for all vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Deductibles, co-payment and/or co-insurance for covered charges apply to the medical 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.

Member Responsibility

Service/Supply	All Participating Providers	Non-Participating Providers:
Enrolled Members Through Age 18		
Eye Exam	No charge*	No charge* up to a \$40 maximum benefit
Vision Hardware	No charge*	No charge* for one pair per year up to \$75, then 100% co-insurance for frames and/or lenses
Enrolled Members Age 19 and Older		
Eye Exam	No charge*	No charge* up to a \$40 maximum benefit
Vision Hardware		
Single vision lenses	No charge*	No charge* up to a \$56 maximum benefit
Bifocal lenses	No charge*	No charge* up to a \$84 maximum benefit
Trifocal lenses	No charge*	No charge* up to a \$116 maximum benefit
Lenticular lenses	No charge*	No charge* up to a \$236 maximum benefit
Progressive lenses	No charge* up to a \$116 maximum benefit	No charge* up to a \$116 maximum benefit
Frames	No charge* up to a \$150 maximum benefit	No charge* up to a \$150 maximum benefit
Contact Lenses (in lieu of glasses)		
Contacts (in place of glasses)	No charge* up to a \$131 maximum benefit	No charge* up to a \$131 maximum benefit

* Not subject to annual medical deductible.

Benefit Limitations: enrolled members through age 18

- One vision exam every calendar year.
- One pair of glasses (lenses and frames) or contacts in lieu of glasses per calendar year.

Benefit Limitations: enrolled members age 19 and older

- One vision exam every 12 months.
- Lenses: One pair every 12 months.
- Frames/Contact lenses: Once every 24 months.
Elective 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 worker's 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

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:

Participating 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 ID card whenever you use your plan's benefits. PacificSource's provider contracts require participating 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. Participating 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 participating providers already discount their services through their contract with PacificSource, your participating provider benefits cannot be combined with any other discounts or coupons. You can use your participating provider benefits, or you can use your non-participating provider benefits to take advantage of a sale or coupon offer. If you do take advantage of a special offer, the participating 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 non-participating provider benefits.