



Article 1 - Purpose and Function of this Schedule

The purpose of this schedule is to provide vision benefits to Subscriber Groups selecting this supplemental benefit in addition to the basic benefits. This schedule is an amending attachment to the Basic Benefit Schedule.

Subject to all terms, conditions, exclusions and definitions in the Group Medical and Hospital Service Agreement and its attachments, except as expressly amended by benefits provision of this Schedule, you are entitled to receive benefits set forth in this Schedule upon payment of the relevant premiums and Copayments.

Article 2 - Benefits

Benefits are based on the following Schedule:

Table with 3 columns: Exam, Participating Provider, Any Other Provider. Rows include Exam Options (fit and follow-up), Eyewear (lenses and frame), and Lens Options.

\*\* Your Copayment or eyewear discount applies to any optional items purchased with your lenses and/or frames from a Participating Provider. Listed items are examples of optional items.

Contact lenses (instead of spectacle lenses) –Materials

Table with 3 columns: Exam, Participating Provider, Any Other Provider. Rows include Conventional, Disposables, and Medically Necessary.

### Article 3 - Frequency of Service

|                                  |   |
|----------------------------------|---|
| Examination                      | Once every 12 months from the last date of service. |
| Lenses                           | Once every 12 months from the last date of service. |
| Frame                            | Once every 12 months from the last date of service. |
| Contact lenses in lieu of lenses | Once every 12 months from the last date of service. |

### Article 4 - Limitations, Options and Exclusions

4.1 To receive maximum benefits, you must utilize Participating Providers. A list of Participating Providers is available at [www.healthnet.com](http://www.healthnet.com) or by calling our Customer Contact Center.

When services are received from a Participating Provider, we make payment directly to the Provider. You are responsible for paying the Copayment to the Provider.

4.2 There is no benefit for professional services or materials connected with:

- a. Orthoptics or vision training, subnormal vision aids and any associated supplemental testing.
- b. Aniseikonic lenses.
- c. Medical or surgical treatment of the eyes or supporting structures.
- d. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under this plan.
- e. Services provided as a result of any Workers' Compensation law.
- f. Plano non-prescription lenses and non-prescription sunglasses.
- g. Lost or broken materials except at normal intervals when services are otherwise available.

4.3 Benefits may not be combined with any discount, promotional offering, or other group benefits plans. Allowances are one-time use benefits; no remaining balance.

4.4 Value Added Discounts

Contact Lenses – Participating Providers offer preferred pricing and direct delivery on annual supplies of select brands of disposable contact lenses.

Lasik or PRK – You may have a discount available for these services. Please contact our Customer Contact Center for more information.

Continued Eyewear Savings – After your initial benefits have been utilized, you may be able to receive ongoing discounts on additional eyewear purchases at Participating Provider locations. Please contact our Customer Contact Center for more information.

***This summary presents general information only and does not include all benefits, details and exclusions.***