

SCHEDULE OF BENEFITS

The following *Schedule of Benefits* is designed as a quick reference. For complete provisions of the **Plan's** benefits, refer to the following sections: *Vision Claim Filing Procedure*, *Vision Expense Benefit* and *Plan Exclusions*.

Vision Benefits for Class I, III and IV Employees
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<p>Vision Examination</p> <p style="padding-left: 40px;">Children to age 19</p> <p style="padding-left: 40px;">Adults</p>	<p style="text-align: center;">1 per year</p> <p style="text-align: center;">1 every two (2) years</p>
<p>Lenses (Per Pair) Limited to one (1) pair every two (2) years</p>	<p style="text-align: center;">\$100 maximum per person every two (2) years</p>
<p>Frames Limited to one (1) pair every two (2) years</p>	<p style="text-align: center;">\$100 maximum per person every two (2) years</p>
<p>Contacts (Per Pair) Limited to one (1) pair every two (2) years</p> <p style="padding-left: 40px;">Criteria I</p> <p style="padding-left: 40px;">Criteria II</p>	<p style="text-align: center;">\$200 maximum per person every two (2) years. Benefits are provided for one (1) pair as an alternative to glasses when visual acuity cannot be corrected to 20/70 in the better eye with conventional lenses, contacts are required following cataract surgery or contacts are prescribed as treatment of Keratoconus or Anisometropia.</p> <p style="text-align: center;">\$100 maximum per person every two (2) years. Benefits are provided for one (1) pair as an alternative to glasses</p>

Refer to *Vision Expense Benefit* for complete details.