

VISION SCHEDULE OF BENEFITS

Benefit Period	Calendar year
Dependent Age Limit	The 26th birthday

It is important that you understand how the Claims Administrator, Medical Mutual, calculates your responsibilities under this coverage. Please consult the "HOW CLAIMS ARE PAID" section for necessary information.

Type of Service	Benefit Maximums
Vision Examinations	One exam per Benefit Period \$70 per exam
Lenses and Frames	One per Benefit Period Single Vision \$180 Bifocals \$205 Trifocals \$230 Lenticular \$200 Progressive \$205 per pair
Contact Lenses	One per Benefit Period (1) Medically Necessary: \$190 Cosmetic: \$130

Notes

1. Benefits available for Lenses may be used for Contact Lenses in lieu of Lenses.