Section XIII - Schedule of Benefits

BENEFIT FREQUENCY	
EXAMS	
Eye Exam	Every calendar year
Contact Lens Fit	Every calendar year
MATERIALS	
Frames	Every other calendar year
Lenses and Lens Options	Every calendar year
Contact Lenses	Every calendar year

	IN NETWORK MEMBER COST[1]	OUT OF NETWORK REIMBURSEMENT[2]
EXAMS		
Eye Exam *Eye Exam with dilation*	$20 Copay	Up to $40
Contact Lens Fit *Available once eye exam is completed*	Up to $40	None
FRAMES		
Frames *Any available frame at provider location*	$130 allowance	Up to $52
LENSES		
Standard (CR-39) Plastic Lens		
Single Vision	$25 Copay	Up to $20
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $60
Lenticular	$25 Copay	Up to $100
Progressive Lenses		
Standard Progressive Lenses[3]	$85 Copay	Up to $40
Premium Progressive Lenses[3]		
Tier 1	$105 Copay	Up to $40
Tier 2	$115 Copay	Up to $40
Tier 3	$130 Copay	Up to $40
Tier 4	$85 Copay; 20% off retail charge less $120 allowance	Up to $40
Lens Options *(available when purchased with standard or progressive lenses; additional copays apply)*		
Standard Polycarbonate Lenses *(Members under age 20)*	$40 Copay	None
Photochromic Lenses	$75	None
CONTACT LENSES *Available in lieu of Lenses. Only one of the following may be used.*		
Elective Contact Lenses *Conventional or Disposable*	$130 allowance	Up to $78
Medically Necessary Contact Lenses	Paid-in-full	Up to $210
DISCOUNTS		
Discount pricing may be available from In-Network Providers for the following services. Member is responsible for paying for the cost of such items. Member may refer to the DeltaVision member portal for more information.		
• Premium Contact lens fit and follow-up • UV Treatment • Tints and Scratch coating • Standard Polycarbonate • Anti-Reflective Coating	• Polarized Lenses • Retinal Imaging • Discounts off the balance over allowance for certain covered services and materials	• Additional pair discount • Laser Vision Correction (Lasik or PRK) • Hearing Care Services

1. Where 'allowance' is shown, Member is responsible for all charges in excess of the allowance in addition to any applicable copay. Allowances are paid only once during a benefit period and must be fully utilized at time of purchase.
2. Submit Member Reimbursement Request Form and an itemized paid receipt to FAA.
3. Standard and Premium Progressive pricing is reflective of brands at the listed product tier. Providers are not required to carry all brands at all tiers. EyeMed reserves the right to make changes to the brands available on each tier.

For a Member with Type 1 or Type 2 Diabetes the Master Policy and Member Certificate are amended by adding the following benefits:

Benefit Frequency		
Vision Examinations		
Medical Follow-up Eye Examination	once every 6 months	Member
Fundus Photography Examination	once every 6 months	Member
Extended Ophthalmoscopy, initial and subsequent	once every 6 months	Member
Gonioscopy	once every 6 months	Member
Scanning Laser	once every 6 months	Member

Benefit	**In-Network Provider**	**Out-of-Network Reimbursement**
Vision Examinations		
Medical Follow-up Eye Examination	$0 Copay	$77
Fundus Photography Examination	$0 Copay	$50
Extended Ophthalmoscopy, initial and subsequent	$0 Copay	$15
Gonioscopy	$0 Copay	$15
Scanning Laser	$0 Copay	$33

Diabetes Mellitus or Diabetes means a metabolic disease in which a person has high blood sugar, either because the body does not produce enough insulin or because cells do not respond to the insulin that is produced.

Diabetic Retinopathy means damage to the retina caused by complications of Diabetes Mellitus.

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report.

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Fundus Photography Examination means photographing portion(s) of or the complete retina surface and structures, with interpretation and report.

Medical Follow-up Eye Examination means an office visit for diabetic vision care after the initial Comprehensive Eye Examination

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Type 1 Diabetes means a condition that results from the body's failure to produce insulin. It is also referred to as insulin-dependent Diabetes Mellitus or juvenile Diabetes.

Type 2 Diabetes means a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency.

Benefits

Benefits are payable as shown in the Schedule of Benefits for expenses incurred while this Member Certificate is in force for each Insured Person who has Type 1 or Type 2 Diabetes.

Extended Ophthalmoscopy. An Insured Person is eligible for one initial Extended Ophthalmoscopy examination and one subsequent Extended Ophthalmoscopy examination for diabetic vision care in each Benefit Frequency. The Extended Ophthalmoscopy must provide information not available from the standard evaluation services and/or information that will demonstrably affect the treatment plan. The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.

Gonioscopy. An Insured Person is eligible for one Gonioscopy for diabetic vision care in each Benefit Frequency.

Medical Follow-up Eye Examination. An Insured Person is eligible for one Medical Follow-up Eye Examination for Diabetic vision care in each Benefit Frequency.

Fundus Photography Examination. An Insured Person is eligible for one Fundus Photography Examination for diabetic vision care in each Benefit Frequency. The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.

Scanning Laser. An Insured Person is eligible for one Scanning Laser in each Benefit Frequency.

Exclusions

In addition to the above Exclusions, no benefits are payable for services connected with or charges arising from:

1. medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; or
2. services, supplies, prescription medication or treatment for diabetes, except as specifically included in this Member Certificate.