

SCHEDULE OF BENEFITS

Endress+Hauser

<i>BENEFIT FREQUENCY</i>		
<u>Vision Examination</u>	once every plan year	Insured Person
<u>Vision Materials</u>		
Frame	once every plan year	Insured Person
Lenses and Lens Options	once every plan year	Insured Person
Contact Lenses	once every plan year	Insured Person

<i>BENEFIT</i>	<i>In-Network</i>		<i>Out-of-Network Provider (Reimbursement up to)</i>
	<i>Plus In-Network Provider</i>	<i>In-Network Provider</i>	
<u>Vision Examination</u>			
Comprehensive Eye Examination	\$0 Copayment	\$10 Copayment	\$40
<u>Vision Materials</u>			
Frame	\$0 Copayment, up to \$230 Allowance	\$0 Copayment, up to \$180 Allowance	\$126
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses and Lens Options.			
Conventional	\$0 Copayment, up to \$150 Allowance	\$0 Copayment, up to \$150 Allowance	\$105
Disposable	\$0 Copayment, up to \$150 Allowance	\$0 Copayment, up to \$150 Allowance	\$105
Medically Necessary	Paid in Full	Paid in Full	\$300
Standard Plastic Lenses			
Single Vision	\$10 Copayment	\$10 Copayment	\$30
Bifocal	\$10 Copayment	\$10 Copayment	\$50
Trifocal	\$10 Copayment	\$10 Copayment	\$70
Lenticular	\$10 Copayment	\$10 Copayment	\$70
Progressive – Standard	\$10 Copayment	\$10 Copayment	\$50
Progressive – Premium Tier 1	\$40 Copayment	\$40 Copayment	\$50
Progressive – Premium Tier 2	\$50 Copayment	\$50 Copayment	\$50
Progressive – Premium Tier 3	\$65 Copayment	\$65 Copayment	\$50
Progressive – Premium Tier 4	\$185 Copayment	\$185 Copayment	\$50

<i>BENEFIT</i>	<i>In-Network</i>		<i>Out-of-Network Provider (Reimbursement up to)</i>
	<i>Plus In-Network Provider</i>	<i>In-Network Provider</i>	
Lens Options			
Anti-Reflective Coating – Standard	\$45 Copayment	\$45 Copayment	\$23
Anti-Reflective Coating – Premium Tier 1	\$57 Copayment	\$57 Copayment	\$23
Anti-Reflective Coating – Premium Tier 2	\$68 Copayment	\$68 Copayment	\$23
Anti-Reflective Coating – Premium Tier 3	\$85 Copayment	\$85 Copayment	\$23
Photochromic Non-Glass Lens	\$0 Copayment	\$0 Copayment	\$38
Polycarbonate Lenses – Standard Dependent Children under 19 years of age	\$0 Copayment	\$0 Copayment	\$20
Scratch Coating – Standard Plastic	\$0 Copayment	\$0 Copayment	\$8
UV Treatment	\$0 Copayment	\$0 Copayment	\$8