Filing at a Glance

Company:	HM Life Insurance Company
Product Name:	Vision
State:	District of Columbia
TOI:	H20G Group Health - Vision
Sub-TOI:	H20G.000 Health - Vision
Filing Type:	Rate
Date Submitted:	06/30/2014
SERFF Tr Num:	HMRK-129602411
SERFF Status:	Pending Industry Response
State Tr Num:	
State Status:	
Co Tr Num:	DC/HML/001-14
Implementation Date Requested:	
Author(s):	Jennifer Bayich, Benjamin Schaefer, Bob Hackman, Rob Frew, Amber Jones
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, John Morgan
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* **Filing Company:** *HM Life Insurance Company*
TOI/Sub-TOI: *H20G Group Health - Vision/H20G.000 Health - Vision*
Product Name: *Vision*
Project Name/Number: */DC/HML/001-14*

General Information

Project Name:
Project Number: DC/HML/001-14
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 08/04/2014
State Status Changed:
Created By: Amber Jones
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: PA is the domiciliary state and thus exempt from filing requirements.

Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Amber Jones

Filing Description:

June 27, 2014

The Government of the District of Columbia InsuranceVIA SERFF
Securities and Banking
Products Analysis Division
810 First St., NE, Suite 701
Washington, D.C. 20002

Re: HM Life Insurance Company
NAIC Co. #93440
Group Vision Insurance Form & Rate Filing
Group Policy HMP 902-VIS (3/14)
Certificate of Insurance HMC 902-VIS (3/14)

Dear Sir or Madam:

Enclosed please find the above referenced forms submitted for approval for use in the District of Columbia. The above forms provide Group Vision Insurance on a standalone basis; we will market these forms through brokers, agents and third party administrators to groups defined by applicable law. There is no deviation from generally accepted standard insurance practices.

Standard variable provisions are noted in the attached Summary of Variables.

Application Form HMA-V 109 and Enrollment Forms HME-V 109 & HG0935 (R8/09) previously approved on 07/08/2010 under tracking id HMRK-126680531 will continue to be used with these forms.

A copy of both the rates and an accompanying actuarial memorandum as required by the District of Columbia are attached for your review.

Should you have any questions, please contact me at the left-side address, or at my direct dial of 717-302-3015, or via e-mail to amber.jones@highmark.com.

We thank you in advance for your immediate attention.

Sincerely,

Amber Jones, Esq.
Regulatory Affairs Analyst

Company and Contact

Filing Contact Information

Amber Jones, Regulatory Affairs Analyst
4401 Deer Path Rd.
DPLR 4, Suite 407
Harrisburg, PA 17110

amber.jones@highmark.com
717-302-3015 [Phone]
717-260-7494 [FAX]

Filing Company Information

HM Life Insurance Company
PO Box 535065
Suite P6504
Pittsburgh, PA 15253-5065
(412) 544-1139 ext. [Phone]

CoCode: 93440
Group Code: 812
Group Name: HM Insurance Group
FEIN Number: 06-1041332

State of Domicile:
Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State: *District of Columbia* **Filing Company:** *HM Life Insurance Company*
TOI/Sub-TOI: *H20G Group Health - Vision/H20G.000 Health - Vision*
Product Name: *Vision*
Project Name/Number: */DC/HML/001-14*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy	HMP 902-VIS (3/14)	POL	Initial		51.000	Vision_DV_HM 3-14 Series - Policy CLEAN.pdf
2		Certificate	HMC 902-VIS (3/14)	CER	Initial		51.000	Vision_DV_HM 3-14 Series - Certificate CLEAN.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER:	**[*]**
POLICY NUMBER:	**[*]**
POLICY EFFECTIVE DATE:	**[*]**
POLICY ANNIVERSARY DATE:	**[*]**
STATE OF ISSUE:	**[*]**
MINIMUM PARTICIPATION REQUIREMENT	[None] Employees
PREMIUM DUE DATE	Policy Effective Date and the first day of each month thereafter
[**RATE PER COVERED PERSON**	[*]]
[RATES PER-	
Employee	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and one Dependent	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and Spouse/Domestic Partner	[*]
Employee and Children	[*]
Family	[*]]
[COMPOSITE RATE	[*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually, a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person’s insurance for any reason other than cancellation of the Policy or a

covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rates will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

Reinstatement

This Policy may be reinstated within [90] days of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person’s Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;

2. the number of persons who are insured after the Policy Effective Date;

3. the number of persons whose Insurance has terminated;

4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER	[*]
[PARTICIPATING ORGANIZATION]	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

“You" and "your" refer to the Employee; “we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage.

[ADMINISTERED BY

Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]

For Customer Service Call: [800-328-4728]

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INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder’s personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

SCHEDULE OF BENEFITS

Subject to the terms of the Policy, benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. If the Provider's Actual Charge is less than the Reimbursement an Out-of-Network Provider may bill you for the difference.

You will not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You will not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[[$10-$200] Reimbursement] [Not Covered]]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[[$10-$200] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[[$10-$200] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]
[VISION MATERIALS					
[Vision Materials Combined	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[[$10- $500] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	]
[*Frames*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12][24] months]
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	
[Priced up to $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment]	[Included – no Copayment] [[$5-$50] Co-payment]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Frames]*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Included – 5o Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Vision before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes] [,] [macular degeneration] [,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.

Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

Allowance means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.

Child or Children means your or your Partner's unmarried natural or unmarried step Child who [:]

[a.] is under age [19] [23] [25] [26] [30][; or
b.is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.]

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your Partner in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your Partner; or

3. Is required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of

competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Collection means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.

Copayment means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments are shown in the *Schedule of Benefits*.

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or

2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or

3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or

4. More than one type of contact lens at a time during any one Frequency period; or

5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

Dependent or Dependents means an Employee's:

[1.] Partner; or

[2.] Child.

Discount means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

[Class 1] [All Members of the Policyholder who are officers]

[Class 2] [All Members of the Policyholder who are managers or supervisors]

[Class 3] [All Members of the Policyholder] at [location]]

[Class 4] [All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

Life Event means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if “Member’ is shown we insure all eligible Members, if ‘Partner’ is shown we insure the Employee’s eligible Partner, and if “Children” is shown we insure all eligible Children.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider’s Actual Charge).

Partner means your spouse or domestic partner:

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:
   a. are not married or legally separated;
   b. occupy the same residence; and
   c. share household expenses.

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;
2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

Participating Organization means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.

Reimbursement means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

Average Retail Price means The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the

required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification:

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31 standard:] [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or

2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;

3. The last day of the last period for which premium is paid; or

4. The day he reports for active duty in the armed forces of the United States or any other country; or

5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

REINSTATEMENT

If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.

If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.

EXCLUSIONS

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to “Corneal Refractive Therapy” (“CRT), or “orthokeratology”), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in “Order of Benefit Determination” but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

“Allowable Expense” means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

“Claim Determination Period” means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

   If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

   a. any plan that has no similar Coordination of Benefits Provision will pay first;
   b. the plans that have a Coordination of Benefits Provision will pay as follows:

      (1) first, any plan in which the Member is covered other than as a Dependent,
      (2) second, any plan in which the Member is covered as a Dependent.

   If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

   Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

   a. if the parent with custody of the child has not remarried, the plans will pay in this order:

      (1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
      (2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

   b. if the parent with custody of the child has remarried, the plans will pay in this order:

      (1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
      (2) second, any plan under which the child is covered as the Dependent of the step-parent;
      (3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

   These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

   We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

   We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

   We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of

the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so, you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance

under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

State: District of Columbia **Filing Company:** HM Life Insurance Company
TOI/Sub-TOI: H20G Group Health - Vision/H20G.000 Health - Vision
Product Name: Vision
Project Name/Number: /DC/HML/001-14

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Cover Letter Vision 2014.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Insurer is submitting filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memo.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see Actuarial Memo attached above.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

State: District of Columbia **Filing Company:** HM Life Insurance Company
TOI/Sub-TOI: H20G Group Health - Vision/H20G.000 Health - Vision
Product Name: Vision
Project Name/Number: /DC/HML/001-14

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable to stand alone vision
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable to stand alone vision.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	DC Guaranty Association Notice
Comments:	
Attachment(s):	DC Guaranty Association Notice.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Explanation of Variability
Comments:	My apologies. I inadverently uploaded the revised master SOV. Revised state-specific is now attached. A revision has been made to the SOV. The revision begins at the top of page 13 and provides an explanation for "Benefit Frequency" in the schedule of benefits.
Attachment(s):	VisionVariable_DV_HM 3-14 Series - Clean - rev 7-17.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redline Versions
Comments:	
Attachment(s):	Vision_DV_HM 3-14 Series - Policy MARKUP.pdf Vision_DV_HM 3-14 Series - Certificate. MARKUPdoc.pdf VisionVariable_DV_HM 3-14 Series - MARKUP.pdf
Item Status:	
Status Date:	

HM INSURANCE GROUP
A HIGHMARK COMPANY

June 27, 2014

The Government of the District of Columbia Insurance Securities and Banking
Products Analysis Division
810 First St., NE, Suite 701
Washington, D.C. 20002

VIA SERFF

Re: HM Life Insurance Company
NAIC Co. #93440
Group Vision Insurance Form & Rate Filing
Group Policy HMP 902-VIS (3/14)
Certificate of Insurance HMC 902-VIS (3/14)

Dear Sir or Madam:

Enclosed please find the above referenced forms submitted for approval for use in the District of Columbia. The above forms provide Group Vision Insurance on a standalone basis; we will market these forms through brokers, agents and third party administrators to groups defined by applicable law. There is no deviation from generally accepted standard insurance practices.

Standard variable provisions are noted in the attached Summary of Variables.

Application Form HMA-V 109 and Enrollment Forms HME-V 109 & HG0935 (R8/09) previously approved on 07/08/2010 under tracking id HMRK-126680531 will continue to be used with these forms.

A copy of both the rates and an accompanying actuarial memorandum as required by the District of Columbia are attached for your review.

Should you have any questions, please contact me at the left-side address, or at my direct dial of 717-302-3015, or via e-mail to amber.jones@highmark.com.

We thank you in advance for your immediate attention.

Sincerely,

Amber Jones, Esq.

Amber Jones, Esq.
Regulatory Affairs Analyst

HM Life Insurance Company

HM Life Insurance Company of New York

HM Casualty Insurance Company

Highmark Casualty Insurance Company

RBS Re

HM Benefits Administrators

412.544.1000
800.328.5433

www.hmig.com

Mailing Address
PO Box 535061
Pittsburgh, PA 15253-5061

Overnight Deliveries
Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

Coverage is underwritten by HM Life Insurance Company, HM Casualty Insurance Company or Highmark Casualty Insurance Company, Pittsburgh, PA, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

HM Life Insurance Company
Policy Form Series HMP 902-VIS (3/14)
Group Vision Policy

ACTUARIAL MEMORANDUM

1. Scope and Purpose

This is a new form filing. The purpose of this Actuarial Memorandum is to:
(1) Describe the assumptions used to develop the rates for a group vision insurance product under the above referenced policy form series.
(2) Demonstrate the rates are reasonable in relationship to the benefits provided.
(3) Satisfy mandate minimum loss ratio requirements.

This Actuarial Memorandum is not to be used for other purposes.

2. Description of Benefits

This group vision policy provides coverage for vision exams and materials. Exams can be limited to one per 12 or 24 month period. Lenses, contact lenses, and frames can be limited to one set per 12 or 24 month period.

A covered person may use the provider of their choice. There are two types of providers: those that are part of the network (In-Network Providers) and those that are not part of the network (Out-of-Network Providers).

In-network benefits are paid up to the scheduled amount after any copay or coinsurance selected by the group. Out-of-network benefits are paid up to the scheduled amounts to the covered person.

The policy will also provide the following optional benefits:

- Low Vision Benefit
- Occupational and safety program
- Laser vision correction
- Disease management program

3. Renewability Clause

The group policy is optionally renewable.

4. Applicability

It is applicable to both new and renewal business.

5. Morbidity

Claim costs are based on fee schedules and expected utilization patterns provided by Davis Vision. Utilization is based on past experience. Claim costs vary by the following parameters:

- Plan Option
- In-Network Eyewear Plan
- Plan Copay
- State Region

- Rating Tiers

6. Mortality
Mortality assumption is not applicable.

7. Persistency
Persistency assumption is not applicable.

8. Expenses & Commissions

Administrative Expenses	8.5%
Commissions	10.0%
Premium Taxes and Assessment	2.5%
Profit and Contingency	2.0%
Total	23.0%

9. Marketing Method
This product will be marketed through appointed producers by HM Life Insurance Company.

10. Underwriting
The product is not individually underwritten. Groups are subject to size, acceptable industry, and financial underwriting.

11. Premium Classes
For a single employer group, there are five premium classes. The following factors are multiplied by employee rate to produce the appropriate rate schedule.

1).	Employee	1.00
2).	Two-Tier	
	Employee	1.00
	Family	2.30
3).	Three-tier	
	Employee	1.00
	Employee + 1	1.80
	Family	2.80
4).	Four-Tier	
	Employee	1.00
	Employee + Spouse	1.80
	Employee + Children	1.90
	Family	3.00
5).	Super Composite	2.00

12. Issue Age Range
This is a group product and all issue ages are eligible.

13. Area Factors
Exam fee, dispensing fee, and contact lenses fitting fees are varied by regions and are reflected in the claim cost in each region.

14. Average Annual Premium
Premiums depend on the plans and options selected by the group. The average annual gross premium is estimated to be $115 per employee.

15. Premium Modalization Rules
Premium is calculated on monthly basis.
Annual premium = Monthly Premium x 12
Semi-annual premium = Monthly Premium x 6
Quarterly premium = Monthly Premium x 3
Semi-monthly premium = Monthly premium / 2
Weekly premium = Monthly Premium x 12 / 52
Bi-weekly premium = Monthly Premium x 12 / 26
Premium of 10 times a year = Monthly Premium x 12 / 10
Premium of 9 times a year = Monthly Premium x 12 / 9

16. Claim Liability and Reserves
There is an incurred-but-not-paid reserve for claim payment lag. Claims reserves will be developed in accordance with American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health and Disability Claims".

17. Active Life Reserves
This is an annual renewable group term policy and does not have any active life reserves.

18. Trend Assumptions
3% annual trend will be used in multi-year rate guarantee.

19. Minimum Loss Ratio
The minimum loss ratio for this form is 77.0%.

20. Anticipated Loss Ratio
The anticipated lifetime loss ratio is 77.0% for this form.

21. Distribution of Business
Each policy premium is priced using the same loss ratio; therefore the actual membership distribution does not affect the overall loss ratio.

22. Contingency and Risk Margins
The contingency and risk margin is 2.0%.

23. Experience – Past and Future
Past experience demonstrates 77% loss ratio nationwide.

24. Lifetime Loss Ratio
The lifetime loss ratio is the anticipated loss ratio 77.0%.

25. History of Rate Adjustments
There is no history of rate adjustments.

26. Number of Policyholders
There are zero policyholders nationwide.

27. Proposed Effective Date
The proposed effective date of implementation is immediately upon approval by the Department.

28. Actuarial Certification
I certify to the best of my knowledge and judgment that the entire filing is in compliance with the applicable Laws, rules, and regulations of the District of Columbia. I further attest that the entire filing complies with Actuarial Standard of Practice No. 8 as adopted by the Actuarial Standards Board, and that premium charged is: not excessive in relation to the benefits provided; not inadequate and not unfairly discriminatory.

June 23, 2014

Yinghui Li
Signature of Actuary

Yinghui Li, FSA, MAAA
Associate Actuary
HM Life Insurance Company

Attachment A – Manual Rates Development

(A). Exam & Materials Utilization Factors for Standard Allowance

In-Network and Out-of-Network Utilization

In-Network	94.0%
Out-Of-Network	6.0%

Frames Utilization

Plan	70.0%
Non Plan	30.0%

Spectacle Lenses Utilization

Single Vision	58.0%
Bifocal	41.0%
Trifocal	1.0%

Contact Lenses Utilization

Plan	25.0%
Non Plan	75.0%

Contact Lens Evaluation & Fitting Utilization

Plan	25.0%
Non Plan	75.0%

For non-standard allowance, the utilization factors will be adjusted based on known utilization.

(B). Average Annual Cost per Claimant

Net Reimbursement = (Gross reimbursement – copay) x (1- member coinsurance %)

Annual Exam Cost =
In-network exam net reimbursement x in-network utilization
+ out-of-network exam net reimbursement x out-of-network utilization
= In-network exam net reimbursement x 94% + out-of-network exam net reimbursement x 6%

Annual Frames Cost =
[(Plan In-network frame net reimbursement x in-network utilization
+ Plan out-of-network frame net reimbursement x out-of-network utilization)
x Plan frame utilization]
+ [(Non-Plan In-network frame net reimbursement x in-network utilization
+ Non-Plan out-of-network frame net reimbursement x out-of-network utilization)
x Non-Plan frame utilization]
= [(Plan In-network frame net reimbursement x 94% + Plan out-of-network frame net reimbursement x 6%) x 70%]
+[(Non-Plan In-network frame net reimbursement x 94%+ Non-Plan out-of-network frame net reimbursement x 6%) x 30%]

Annual Spectacle Lenses Cost =
[(Single Vision In-network spectacle lenses net reimbursement x in-network utilization
+ Single Vision out-of-network spectacle lenses net reimbursement x out-of-network utilization)
x Single Vision Utilization]
+ [(Bifocal In-network spectacle lenses net reimbursement x in-network utilization
+ Bifocal out-of-network spectacle lenses net reimbursement x out-of-network utilization)
x Bifocal Utilization]
+[(Trifocal In-network spectacle lenses net reimbursement x in-network utilization
+ Trifocal out-of-network spectacle lenses net reimbursement x out-of-network utilization)
x Trifocal Utilization]
= [(Single Vision In-network spectacle lenses net reimbursement x 94%
+ Single Vision out-of-network spectacle lenses net reimbursement x 6%) x 58%]
+ [(Bifocal In-network spectacle lenses net reimbursement x 94%
+ Bifocal out-of-network spectacle lenses net reimbursement x 6%) x 41%]
+ [(Trifocal In-network spectacle lenses net reimbursement x 94%
+ Trifocal out-of-network spectacle lenses net reimbursement x 6%) x 1%]

Annual Contact Lenses Cost =
[(Plan In-network contact lenses net reimbursement x in-network utilization
+ Plan out-of-network contact lenses net reimbursement x out-of-network utilization)
x Plan contact lenses utilization]
+ [(Non-Plan In-network contact lenses net reimbursement x in-network utilization
+ Non-Plan out-of-network contact lenses net reimbursement x out-of-network utilization)
x Non-Plan contact lenses utilization]
= [(Plan In-network contact lenses net reimbursement x 94% + Plan out-of-network contact lenses net reimbursement x 6%) x 25%] + [(Non-Plan In-network contact lenses net reimbursement x 94%+ Non-Plan out-of-network contact lenses net reimbursement x 6%) x 75%]

Annual Contact Lens Evaluation & Fitting Cost =
[Plan contact lenses evaluation & fitting net reimbursement
x Plan contact lenses evaluation & fitting utilization]
+ [Non-Plan contact lenses evaluation & fitting net reimbursement
x Non-Plan contact lenses evaluation & fitting utilization]
= [Plan contact lenses evaluation & fitting net reimbursement x 25%] + [Non-Plan contact lenses evaluation & fitting net reimbursement x 75%]

Utilization per Claimant

	Exam Only	Exam & Materials	Materials Only
Exam	100%	95.0%	
Frames		68.7%	68.7%
Spectacle Lenses		72.3%	72.3%
Contact Lenses		12.8%	12.8%
Contact Lens Evaluation & Fitting		3.0%	3.0%

Average Annual Cost per Claimant =
Annual Exam Cost x Exam Utilization per claimant
+ Annual Frames Cost x Frames Utilization per claimant
+ Annual Spectacle Lenses Cost x Spectacle Lenses Utilization per claimant
+ Annual Contact Lenses Cost x Contact Lenses Utilization per claimant
+ Annual Contact Lenses Evaluation & Fitting Cost x Contact Lenses Evaluation & Fitting Utilization per claimant

(C). Plan Frequency Utilization Factor

Member Level - Comprehensive or Materials Only

	Plan Entitlement			
	Exam/Lenses/Frame			
Copay	12/12/12	24/24/24	12/24/24	12/12/24
$0 - $10	30%	25%	27%	29%
$11 - $20	30%	25%	27%	29%
$21 - $30	30%	25%	27%	29%
$31 or Greater	29%	24%	26%	28%
Voluntary - All Copay Level	50%	41%		

Employee Level - Comprehensive or Materials Only

	Plan Entitlement			
	Exam/Lenses/Frame			
Copay	12/12/12	24/24/24	12/24/24	12/12/24
$0 - $10	35%	30%	32%	34%
$11 - $20	34%	29%	31%	33%
$21 - $30	33%	28%	30%	32%
$31 or Greater	30%	25%	27%	29%
Voluntary - All Copay Level	50%	41%		

Member Level – Hybrid or Exam Only

	Plan Entitlement	
	Exam/Lenses/Frame	
Copay	12/12/12	24/24/24
$0 - $4	12%	10%
$5 - $9	11%	9%
$10 - $14	10%	8%
$15 - $19	9%	7%
$20 - $24	8%	6%
$25 - $29	7%	5%
$30 - $34	6%	4%
$35 - $39	5%	3%
$40 or Greater	4%	2%
Voluntary - All Copay Level	30%	

Employee Level – Hybrid or Exam Only

	Plan Entitlement	
	Exam/Lenses/Frame	
Copay	12/12/12	24/24/24
$0 - $4	14%	12%
$5 - $9	13%	11%
$10 - $14	12%	10%
$15 - $19	11%	9%
$20 - $24	10%	8%
$25 - $29	9%	7%
$30 - $34	8%	6%
$35 - $39	7%	5%
$40 or Greater	6%	4%
Voluntary - All Copay Level	35%	

Hybrid plans offer exam only or material only in-network with discounts from in-network providers.

(D). Average Vision Claims Cost per Member per Month

Average Vision Claims Cost per Member per Month
= Average Annual Cost per Claimant x Plan Frequency Utilization Factor for Member Level / 12

(E). Low Vision Benefit Cost per Member per Month
Low Vision Benefit Claims Cost per Member per Month = $0.02

(F). Laser Vision Correction Cost per Member per Month

Allowance Per Eye	Flat Allowance	Claims Cost Per Member per Month
$50	$100	$0.042
$100	$200	$0.083
$150	$300	$0.125
$200	$400	$0.333
$300	$600	$0.500
$400	$800	$1.333
$500	$1,000	$2.500
$600	$1,200	$3.000
$700	$1,400	$4.083
$800	$1,600	$4.667
$900	$1,800	$6.000
$1,000	$2,000	$6.667

(G). Disease Management Claims Cost per Member per Month

Active Employees Only	Claims Cost Per Member per Month
Diabetes	$0.264
Glaucoma	$0.019
Cataracts	$0.300
Macular Degeneration	$0.070
Total	$0.653

Retired Employees Only	Claims Cost Per Member per Month
Diabetes	$0.730
Glaucoma	$0.050
Cataracts	$1.961
Macular Degeneration	$0.258
Total	$2.999

Active and Retired Employees	Claims Cost Per Member per Month
Diabetes	$0.327
Glaucoma	$0.019
Cataracts	$0.509
Macular Degeneration	$0.094
Total	$0.949

(H). Anticipated Loss Ratio = 77.0%

(I). Gross Premium per Member per Month

Gross Premium per Member per Month =
(Average Vision Claims Cost per Member per Month
+ Low Vision Benefit Cost per Member per Month
+ Laser Vision Correction Cost per Member per Month
+ Disease Management Claims Cost per Member per Month)
/ Anticipated Loss Ratio

(J). Monthly Gross Premium for Employee, Two-Tier, Three-Tier, Four-Tier, and Super Composite

1). Employee
Employee Monthly Gross Premium =
Gross Premium per Member per Month / Plan Frequency Utilization Factor for Member Level
x Plan Frequency Utilization Factor for Employee Level

2). Two-Tier
Employee Monthly Gross Premium = Employee Monthly Gross Premium x 1.00

Family Monthly Gross Premium = Employee Monthly Gross Premium x 2.30

3). Three-tier
Employee Monthly Gross Premium = Employee Monthly Gross Premium x 1.00

(Employee + 1) Monthly Gross Premium = Employee Monthly Gross Premium x 1.80

Family Monthly Gross Premium = Employee Monthly Gross Premium x 2.80

4). Four-Tier
Employee Monthly Gross Premium = Employee Monthly Gross Premium x 1.00

(Employee + Spouse) Monthly Gross Premium = Employee Monthly Gross Premium x 1.80

(Employee + Children) Monthly Gross Premium = Employee Monthly Gross Premium x 1.90

Family Monthly Gross Premium = Employee Monthly Gross Premium x 3.00

5). Super Composite
Super Composite Monthly Gross Premium = Employee Monthly Gross Premium x 2.00

(K). Example of Calculating Monthly Gross Premium

	Benefit Line Item	A Exam & Materials Utilization	B Reimbursement Gross of Copay	C Copay	D Member Coinsurance %	E=(B-C)x(1-D) Reimbursement Net of Copay & Member Coinsurance	F = E x A Annual Cost Per Claimant	G Utilization Per Claimant
(1).	**Exams**							
	In-Network	94.0%	$46.35	$0.00	0%	$46.35	$43.57	
	Out-of-Network	6.0%	$30.00	$0.00	0%	$30.00	$1.80	
	Total Exam						**$45.37**	95.0%
(2).	**Frames**							
	Plan							
	In-Network	94.0%	$33.09	$0.00	0%	$33.09	$31.10	
	Out-of-Network	6.0%	$30.00	$0.00	0%	$30.00	$1.80	
	Plan - Subtotal	**70.0%**					**$32.90**	
	Non Plan							
	In-Network	94.0%	$97.50	$0.00	0%	$97.50	$91.65	
	Out-of-Network	6.0%	$30.00	$0.00	0%	$30.00	$1.80	
	Non Plan - Subtotal	**30.0%**					**$93.45**	
	Total Frames						**$51.07**	68.7%
(3).	**Spectacle Lenses**							
	Single Vision							
	In-Network	94.0%	$59.82	$0.00	0%	$59.82	$56.23	
	Out-of-Network	6.0%	$25.00	$0.00	0%	$25.00	$1.50	
	Single Vision - Subtotal	**58.0%**					**$57.73**	
	Bifocal							
	In-Network	94.0%	$79.45	$0.00	0%	$79.45	$74.68	
	Out-of-Network	6.0%	$35.00	$0.00	0%	$35.00	$2.10	
	Bifocal - Subtotal	**41.0%**					**$76.78**	
	Trifocal							
	In-Network	94.0%	$96.62	$0.00	0%	$96.62	$90.82	
	Out-of-Network	6.0%	$45.00	$0.00	0%	$45.00	$2.70	
	Trifocal - Subtotal	**1.0%**					**$93.52**	
	Total Spectacle Lenses						**$65.90**	72.3%
(4).	**Contact Lenses**							
	Plan							
	In-Network	94.0%	$80.00	$0.00	0%	$80.00	$75.20	
	Out-of-Network	6.0%	$75.00	$0.00	0%	$75.00	$4.50	
	Plan - Subtotal	**25.0%**					**$79.70**	
	Non Plan							

	In-Network	94.0%	$110.50	$0.00	0%	$110.50	$103.87	
	Out-of-Network	6.0%	$75.00	$0.00	0%	$75.00	$4.50	
	Non Plan - Subtotal	**75.0%**					**$108.37**	
	Total Contact Lenses						**$101.20**	12.8%
(5).	**Contact Lens Evaluation & Fitting**							
	Plan	25.0%	$60.00	$0.00	0%	$60.00	$15.00	
	Non Plan	75.0%	$60.00	$0.00	0%	$60.00	$45.00	
	Total Contact Lenses Evaluation and Fitting						**$60.00**	3.0%
(6).	**Average Annual Cost per Claimant**						**$140.58**	
(7).	**24/24/24 Plan Utilization – Member Level**						25.0%	
(8). = (6). X (7). / 12	**Average Vision Claims Cost per Member per Month**						**$2.93**	
(9).	**Low Vision Benefit Cost per Member per Month**						**$0.02**	
(10).	**Laser Vision Correction Cost per Member per Month (Flat Allowance $1,000)**						**$2.50**	
(11).	**Disease Management Claims Cost per Member per Month (Active Employees only)**						**$0.65**	
(12).	**Anticipated Loss Ratio = 77.0%**							
(13).=[(8).+(9).+(10).+(11).]/(12).	**Gross Premium per Member per Month**						**$7.92**	
(14).	**24/24/24 Plan Utilization – Employee Level**						30%	
(15).=(13)./ (7). x (14).	**Monthly Gross Premium for Employee Only**						**$9.51**	
(16). = (15). X 1.80	**Monthly Gross Premium for (Employee + Spouse)**						**$17.12**	
(17). = (15). X 1.90	**Monthly Gross Premium for (Employee + Children)**						**$18.07**	
(18). = (15). X 3.00	**Monthly Gross Premium for Family**						**$28.53**	

Attachment B – An Example of Experience Rating for Renewal

			Start	End	# Months
(1)	Base Experience Period		01/01/2009	09/30/2009	9
(2)	Rating Period		01/01/2010	12/31/2011	24
(3)	Midpoint from Base Experience Period to Rating Period		5/17/2009	12/31/2010	20
(4)	Average # Employees		370		
(5)	Average # Members		1,083		
(6)	Actual Claims Paid		25,658		
(7)	IBNR		770		
(8)	Claims Incurred	(6) + (7)	26,428		
(9)	Claims Incurred Per Member Per Month (PMPM)	= (8) / (5) / (1)	2.69		
(10)	Annual Trend 3.0%		3.00%		
(11)	Trend Adjustment	= [1+ (10)] ^ [(3) / 12]	1.05		
(12)	Benefit Adjustment Factor	Adjust for benefit changes	1.00		
(13)	Projected Claims PMPM Based on Experience	= (9) * (11) * (12)	2.83		
(14)	Projected Claims PMPM Based on Manual		3.60		
(15)	Credibility Factor	= min (1 , square root [[(4) / 500])	0.86		
(16)	Credibility-Adjusted Projected Claims PMPM	= (13) * (15) + (14) * [1 - (15)]	2.93		
(17)	Pricing Loss Ratio	= 77%	77.0%		
(18)	Projected Gross Premium PMPM	= (16) / (17)	3.81		

Attachment C – Experience Rating for Takeover Business

If vision coverage was in effect with another carrier administrator prior to quoting, then the case will be considered a "takeover". Rating modifications can be assessed if the following is provided:

1. A description of prior plan benefits (prior master policy, booklet-certificate or plan document).
2. Loss experience, where available.
3. Prior rate history.
4. Last date of service for all covered participants.

Utilization factors include loss experience, prior rate history and the last date of service for all covered participants.

Experience Rating Formula

Minimum Requirements: Two complete years of experience data with 500 insured employees

Credibility = 50%

Manual Utilization Factor = 0.50 (per two year period)

Experience Utilization Factor =
Total Number of Claims / Average Covered Lives for the Two Year Period

Manual Rate Adjustment Factor = (0.50) x (Experience Utilization Factor)
+ (1 - 0.50) x (Manual Utilization Factor)
= 0.5 x (Experience Utilization Factor) + 0.25

DISTRICT OF COLUMBIA
LIFE & HEALTH INSURANCE GUARANTY
ASSOCIATION ACT OF 1992

SUMMARY OF GENERAL PURPOSES AND

CURRENT LIMITATIONS OF COVERAGE

Residents of the District of Columbia who purchase health insurance, life insurance, and annuities should know that the insurance companies licensed in the District of Columbia to write these types of insurance are members of the District of Columbia Life and Health Insurance Guaranty Association. The purpose of this Guaranty Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in the District of Columbia and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is limited, however, as noted on the other side of this page.

DISCLAIMER

The District of Columbia Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned on residence in the District of Columbia. Other conditions may also preclude coverage.

The District of Columbia Life and Health Insurance Guaranty Association of the District of Columbia Insurance Commissioner will respond to any questions you may have which are not answered by this document. Your insurer and agent are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on availability of coverage under the Life and Health Insurance Guaranty Association Act of 1992 when selecting an insurer.

Policyholders with additional questions may contact:

Mr. Robert M. Wills
Executive Director
District of Columbia Life and Health
Insurance Guaranty Association
1200 G. Street, N.W.
Washington, D.C. 20005
(202) 434-8771
Fax: (202) 347-2990

Ms. Gennet Purcell
Commissioner
District of Columbia Department
of Insurance and Securities Regulation
810 First Street, N.E.
Suite 701
Washington, D.C. 20002
(202) 727-8000

The District of Columbia law that provides for this safety-net coverage is called the Life and Health Insurance Guaranty Association Act of 1992. The following contains a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act of the rights or obligations of the Guaranty Association. If you have obtained this document from an agent in connection with the purchase of a policy, you should be aware that its delivery to you does not guarantee that your policy is covered by the Guaranty Association.

(Please turn to other side)

COVERAGE

Generally, individuals will be protected by the District of Columbia Life and Health Insurance Guaranty Association if they live in the District of Columbia and are insured under a health insurance, life insurance, or annuity contract issued by a member insurer, or if they are insured under a group insurance contract issued by a member insurer. Beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside of that state of incorporation);
- their insurer was not authorized to do business in the District of Columbia; or
- their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, a non-profit hospital or medical service plan, a health maintenance organization, or a risk retention group.

The Guaranty Association also does not provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- any plan or program of an employer or association that provides life, health, or annuity benefits to its employees or members to the extent the plan is self- funded or uninsured;
- interest rate guarantees which exceed certain statutory limitations;
- dividends, experience rating credits, or fees for services in connection with a policy;
- credits given in connection with the administration of a policy by a group contract holder; or for
- unallocated annuity contracts.

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to pay. The benefits for which the Guaranty Association may become liable shall be limited to the lesser of :

- the contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- with respect to any one life, regardless of the number of policies, contracts, or certificates:
    - $300,000 in life insurance death benefits but not more than $100,000 in net cash surrender or withdrawal values for life insurance; or
    - $100,000 in health insurance benefits, including net cash surrender or net cash withdrawal values; or
    - $300,000 in the present value of annuity benefits, including net cash surrender or net cash withdrawal values.

Finally, in no event is the Guaranty Association liable for more than $300,000 with respect to any one individual.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefits may be provided by a Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) or on an indemnity reimbursement basis.

The enclosed policy form filing includes the standard variable provisions with an explanatory comment beside the variable - there are several kinds of variables including:

- Standard benefit provisions, which may be removed depending upon the requested plan design.
- Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
- Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
- Benefit provision variations – where alternate provisions are available each variation is bracketed.
- Sequential numbers or letters within a paragraph to show a progression are bracketed for construction purposes.
- Use of an asterisk within brackets "[*]" indicates a name, date, number or class designation (for example in the footer of the certificate a class designation, location or a similar reference may appear as appropriate.
- Text outside of brackets is not considered variable.

Note:

- These forms are submitted in final printed form in 10 point type on 8 ½ by 11 pages. The certificate of insurance may be printed in a booklet format (5 ½ by 8 ½ pages), if requested by the client.
- All exclusions and limitations may be included or deleted in their entirety. Optional wording within the exclusion or limitation is shown in brackets.
- Definitions that do not apply to the benefit description may be deleted in their entirety.
- Entire provisions or a numbered description within a provision may be moved in its entirety to accommodate construction due to system changes.
- The policyholder generally determines eligibility and service waiting periods applicable to their employees, associates, members, etc. and covered dependents. Thus the definition of member, partner, child and children and/or any service waiting period associated with eligibility for benefits may change to reflect the policyholder's personnel practices. We will not agree to a definition, service waiting period or other condition of eligibility that is not applied consistently to all members within a given class.
- We may issue certificates in a foreign language, based on a direct translation of the filed wording.

[Note include as standard – modify for HLNY:}

- [Additional variations not shown in the enclosed policy form may be agreed upon as a result of negotiations between HM Life [of New York] and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.]

[Use if necessary (NY, NC, TN, etc. – check State Guidelines:]

- [Variations not shown in the enclosed policy form will be filed for approval prior to use.]

Explanation of Variables
HM 902-VIS (3/14), ET. AL

We utilize with Davis Vision's Provider Network to provide vision coverage for expenses incurred for vision examinations and materials (frames, lenses, contacts, etc.) for both the preferred provider and exclusive provider options. Davis Vision offers, through its network of providers, the eyewear collections described in the certificate. In-network providers may also use a combination of those eyewear collections or their own eyewear collection. The collections include optional in-network items that are enhancements to standard frames or lenses.

HM Life Insurance Company is part of HM Insurance Group. Both HM Insurance Group & and Davis Vision are subsidiaries of Highmark, Inc.

Forms are issued directly through a group policy. Policy forms will only be issued to eligible groups as defined by applicable law. An electronic copy of the certificate will be forwarded to the policyholder for distribution to eligible members.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

POLICY HMP 902-VIS (3/14)

Policy is presented in an abridged format – certificate provisions are incorporated by reference.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER:	**[*]**
POLICY NUMBER:	**[*]**
POLICY EFFECTIVE DATE:	**[*]**
POLICY ANNIVERSARY DATE:	**[*]**
STATE OF ISSUE:	**[*]**
MINIMUM PARTICIPATION REQUIREMENT	[None] Employees
PREMIUM DUE DATE	Policy Effective Date and the first day of each month thereafter
[**RATE PER COVERED PERSON**	[*]]
[RATES PER-	
Employee	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and one Dependent	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and Spouse/Domestic Partner	[*]
Employee and Children	[*]
Family	[*]]
[COMPOSITE RATE	[*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

~~**Comment [HRC1]:**~~ Bracketed for future considerations.

~~**Comment [HRC2]:**~~ Used to identify the policyholder.

~~**Comment [HRC3]:**~~ Used to designated the policy number.

~~**Comment [HRC4]:**~~ Used to designated the policy effective date.

~~**Comment [HRC5]:**~~ Used to designated the policy anniversary date.

~~**Comment [HRC6]:**~~ Used to designate the state where the policy is delivered.

~~**Comment [HRC7]:**~~ "None" is standard "5", "10", "15", "20" or "25" may be substituted.

~~**Comment [HRC8]:**~~ Use with a per member rate basis.

~~**Comment [HRC9]:**~~ Use with a two tier rate basis.

~~**Comment [HRC10]:**~~ Use with a three tier rate basis.

~~**Comment [HRC11]:**~~ Use with a four tier rate basis.

~~**Comment [HRC12]:**~~ Use with a composite rate basis.

~~**Comment [HRC13]:**~~ "remittance" is standard; "payment" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

~~**Comment [HRC14]:**~~ "30" is standard – "45", "60 or "90" may be substituted.

~~**Comment [HRC15]:**~~ Standard definition if included; following alternate definition may be substituted:

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

~~**Comment [HRC16]:**~~ Used to add the name of an affiliate

~~**Comment [HRC17]:**~~ Option may be used to add an affiliate off anniversary.

~~**Comment [HRC18]:**~~ Used to add the date the affiliate is effective.

~~**Comment [HRC19]:**~~ Non-standard option – only used if the group has affiliated companies.

~~**Comment [HRC20]:**~~ "Policy Anniversary Date" is standard; "Premium Due Date" may be substituted.

~~**Comment [HRC21]:**~~ "60" is standard "15", "30", "45", "60", "90", "120" or "180" may be substituted.

~~**Comment [HRC22]:**~~ "non-remittance" is standard; "non-payment" may be substituted.

~~**Comment [HRC23]:**~~ "12" is standard; "24" "36" "48" or "60" may be substituted

~~**Comment [HRC24]:**~~ Standard offer - policy will not be terminated except of non-payment of premium for a defined time period.

~~**Comment [HRC25]:**~~ "premium not remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC26]:**~~ remitted" is standard; "paid" may be substituted.

~~**Comment [HRC27]:**~~ remitted" is standard; "paid" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least1 [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

~~**Comment [HRC28]:**~~ "12" is standard, "24", "36", "48" and "60-"may be substituted..

~~**Comment [HRC29]:**~~ Standard offer; "at any time" or "prior to the next Policy Anniversary Date shown on the cover page of this Policy may be substituted.

~~**Comment [HRC30]:**~~ Standard offer.

~~**Comment [HRC31]:**~~ "31" is standard, "45", "60", or "90" may be substituted.

~~**Comment [HRC32]:**~~ remittance" is standard; "payment" may be substituted.

~~**Comment [HRC33]:**~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~**Comment [HRC34]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC35]:**~~ "premium that has not been remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC36]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC37]:**~~ Option – use if requested when covered is paid for entirely by the member.

~~**Comment [HRC38]:**~~ "remit any premium collected through payroll deduction" is standard, "Pay any premium" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person's insurance for any reason other than cancellation of the Policy or a covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

[Reinstatement

This Policy may be reinstated within [90] day of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].]

~~Comment [HRC39]:~~ Standard offer, may be removed.

~~Comment [HRC40]:~~ "60" is standard, "30", "45" or "90" may be substituted.

~~Comment [HRC41]:~~ Optional provision, not part of standard offer. Included if retroactive terminations are limited.

~~Comment [HRC42]:~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~Comment [HRC43]:~~ "48" is standard, "12', "24", "36" or "60" may be substituted.

~~Comment [HRC44]:~~ 10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC45]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC46]:~~ 15" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC47]:~~ Standard offer, may be removed if minimum participation percentage in none; re-number if removed.

~~Comment [HRC48]:~~ 10" is standard – "5", "15", "20" or "25" may be substituted

~~Comment [HRC49]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC50]:~~ "10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC51]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC52]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC53]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC54]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC55]:~~ "90" is standard; "60" may be substituted.

~~Comment [HRC56]:~~ remitted" is standard; "paid" may be substituted.

~~Comment [HRC57]:~~ "remittance" is standard; "payment" may be substituted.

~~Comment [HRC58]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC59]:~~ Optional provision, not part of standard offer.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

Explanation of Variables
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Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose Insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

~~**Comment [HRC60]:**~~ Name of president is considered variable to accommodate future organization changes

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CERTIFICATE HMC 902-VIS (3/14)

Entries for – Policyholder, Participating Organization, Policy Effective Date, Certificate Issue Date, and State of Issue are bracketed; Participating Organization will only be included if affiliated companies are covered.

HM Life Insurance Company
120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER [*]

[PARTICIPATING ORGANIZATION] [*]

POLICY EFFECTIVE DATE: [*]

CERTIFICATE EFFECTIVE DATE: [*]

STATE OF ISSUE: [*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Employee; "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]
For Customer Service Call: [800-328-4728]

~~**Comment [HRC61]:**~~ Name of president is considered variable to accommodate future organization changes

~~**Comment [HRC62]:**~~ Used to designate the Policyholder.

~~**Comment [HRC63]:**~~ Nonstandard – used when an affiliate requests a separate evidence of coverage.

~~**Comment [HRC64]:**~~ Used to designate the Participating Organization.

~~**Comment [HRC65]:**~~ Used to designate the Policy Effective Date.

~~**Comment [HRC66]:**~~ Used to designate the effective date of the Certificate.

~~**Comment [HRC67]:**~~ Used to identify the state of issue.

~~**Comment [HRC68]:**~~ Bracketed for future consideration.

Explanation of Variables
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Comment [HRC69]: Page numbers in the **Table of Contents** are variable and will be system generated.

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~~CONTINUATION~~ ..... **Error! Bookmark not defined.**

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INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder's personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

~~**Comment [HRC70]:**~~ "remittance" is standard; payment may be substituted.

~~**Comment [HRC71]:**~~ Standard - may be removed if policyholder agrees to continue premium payments for any person being continued due to lay-off, leave, etc. or a retiree:

~~**Comment [HRC72]:**~~ "Member" is considered a common term – employee, named insured, subscriber, associate, participant, beneficiary, retiree, etc. may be substituted for "member"

~~**Comment [HRC73]:**~~ Used when Employee's Spouse and/or Domestic Partner is covered without children; employee must be eligible to enroll or for the Partner to enroll.

~~**Comment [HRC74]:**~~ Used when Dependents] [Children are covered and the Partner is not; employee must be eligible to enroll Dependents] [Children.

~~**Comment [HRC75]:**~~ Included all dependents are covered; employee must be eligible to enroll either the Partner or Dependents] [Children, or for the Partner to enroll Dependents] [Children.

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SCHEDULE OF BENEFITS

Subject to the terms of the Policy benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. If the Provider's Actual Charge is less than the Reimbursement an Out-of-Network Provider may bill you for the difference.

You not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

~~**Comment [HRC76]:**~~ **Schedule of Benefits -** network options, benefit options and plans may be offered singularly or in combination; standard offer is a plan with in-network and out of network benefits; however a closed network only and out of network only plan may be offered.

Use of brackets in the "Benefits" column of this section indicate one or a combination may be chosen.

Bracketing around a number indicates a number that may be elected. The ranges shown for Copayments are in $1.00 increments beginning at $5.00. "Included No Copayment " indicates a zero Co-payment. The ranges shown for Allowances are in $5.00 increments beginning at either $5.00 or $10.00. The ranges shown for Reimbursements are in $5.00 increments beginning at either $5.00 or $10.00.

In-Network Benefits may be broken out by Vision works, Collection Providers and Non-Collection Providers. Within these option a copayment may be applied, or an allowance given, or an allowance given with an and additional discount provided.

"Allowance" is the maximum dollar amount that will be paid In-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Reimbursement" is the maximum amount that will be paid Out-of-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Not Covered" means the service is not part of the benefit description.

In and out of Network benefits may be provided as: exam only, materials only or exam and materials.

Discounts, if offered is not an insured benefit but rather a value added service – discount if offered are either 10%, 20% or 30% with 2o% being the standard offer.

A distinct schedule may be shown for each covered class.

~~**Comment [HRC77]:**~~ Standard offer, used when a copayment is charged – may be removed if the plan does not have any copayments.

~~**Comment [HRC78]:**~~ Standard offer, used when an Allowance for the is shown – may be removed if the plan does not have any copayments.

~~**Comment [HRC79]:**~~ Option – used when only a discount is provided.

~~**Comment [HRC80]:**~~ "50" is standard

~~**Comment [GP81]:**~~ Option, included if requested by the policyholder.

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[~~up to~~ [[$10-$200] Reimbursement] [Not Covered]]	

~~**Comment [ALJ82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC85]:**~~ Vision Exams are a standard offer, "Not Covered" is only used if the plan does not cover exams.

~~**Comment [HRC84]:**~~ Standard offer, heading may be removed if only one type of exam is covered.

~~**Comment [HRC86]:**~~ Standard offer for exam is "Once every 12 months"

~~**Comment [HRC87]:**~~ Standard offer

~~**Comment [HRC88]:**~~ Standard offer if included.

~~**Comment [HRC89]:**~~ If included standard offer is "For each Child once every 12 months".

~~**Comment [HRC90]:**~~ Optional benefit

~~**Comment [HRC91]:**~~ If included standard offer is "Once every 24 months"

~~**Comment [HRC92]:**~~ Optional benefit

~~**Comment [HRC93]:**~~ If included standard offer.

~~**Comment [HRC94]:**~~ If included standard offer is "Once every 24 months".

~~**Comment [HRC95]:**~~ If included standard offer, if both collection and non-collection standard contacts are reimbursed on the same basis only "Standard" is shown.

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[VISION MATERIALS					
[Vision Materials Combined]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[$10- $500] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months

~~Comment [ALJ82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC96]:~~ If included standard offer, if both collection and non-collection specialty contacts are reimbursed on the same basis only "Specialty" is shown.

~~Comment [HRC97]:~~ Optional benefit.

~~Comment [HRC98]:~~ If included standard offer is "Once every 60 months".

~~Comment [HRC99]:~~ If included standard offer is "One visit every 12 months".

~~Comment [HRC100]:~~ Optional Benefit

~~Comment [HRC101]:~~ If included standard is "Once every 24 months"

~~Comment [HRC102]:~~ Optional Benefit

~~Comment [HRC103]:~~ If included standard offer is "Once every 24 months"

~~Comment [HRC104R103]:~~ Optional benefit

~~Comment [HRC105]:~~ "Vision Material Combined is an option – standard benefit is a separate lens and frame benefit.

~~Comment [HRC106]:~~ If presented as a combined benefit standard offer is "Once every 24 months".

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] $0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	]
[*Frames*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[$10-$300] Reimbursement	
[Priced up to $70 Retail]	[Included – no Copayment]	[Included – no Copayment]	[Included – no Copayment]	[Not Covered]	
	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]		

~~**Comment [ALJ82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC107]:**~~ Standard offer is "Once every 24 months"

~~**Comment [HRC108]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC109]:**~~ Priced up to $70 Retail" and "Priced above $70 Retail" are options - standard offer is the three frame collections above and non-collection frames with an out-of-network frame benefit.

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment]\ [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

~~**Comment [ALJ82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC110]:**~~ Standard offer.

~~**Comment [HRC111]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC112]:**~~ Standard offer.

~~**Comment [HRC113]:**~~ Standard offer.

~~**Comment [HRC114]:**~~ Standard offer.

~~**Comment [HRC115]:**~~ Contact lenses in lieu of eyeglasses is a standard offer.

~~**Comment [HRC116]:**~~ Standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[-[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

~~Comment [ALJ82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Included – no Copayment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

Comment [ALJ82]: Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

Comment [HRC83]: In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

~~Comment [ALJ82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC117]:~~ "Other Lens Options is a standard offer; however ,not all types of lenses within this benefit may be offered.

~~Comment [HRC118]:~~ If included "Once every 12 months" is standard.

~~Comment [HRC119]:~~ Optional benefit.

~~Comment [HRC120]:~~ Either "Visual Display Terminal (VDT) Materials" or "Computer Vision Syndrome Materials" may be used to describe the benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

~~**Comment [ALJ82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC121]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC122]:**~~ Optional benefit.

~~**Comment [HRC123]:**~~ "Once every 24 months" is standard.

~~**Comment [HRC124]:**~~ Optional benefit, offered in addition to the standard frame / lens benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

~~**Comment [ALJ82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC125]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC126]:**~~ If included "Once every 12 months" is standard.

~~**Comment [HRC127]:**~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Included – 5o Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

~~Comment [ALJ82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC128]:~~ If included "Once per lifetime" is standard.

~~Comment [HRC129]:~~ Optional benefit.

~~Comment [HRC130]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC131]:~~ If included "One additional every 24 months" is standard.

~~Comment [HRC132]:~~ If included standard offer.

~~Comment [HRC133]:~~ If included standard offer.

~~Comment [HRC134]:~~ If included standard offer.

~~Comment [HRC135]:~~ If included standard offer.

~~Comment [HRC136]:~~ If included standard offer.

~~Comment [HRC137]:~~ If included standard offer.

~~Comment [HRC138]:~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

Comment [ALJ82]: Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

Comment [HRC83]: In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Comment [HRC139]: If included "Once every 24 months" is standard.

Comment [HRC140]: If included "Once every 24 months" is standard.

Comment [HRC141]: If included "Once every 24 months" is standard.

Comment [HRC142]: Optional benefit

Comment [HRC143]: If included "Once every 24 months" is standard.

Comment [HRC144]: Optional frame benefit.

Comment [HRC145]: Standard in-network offer if collection contact lenses are covered.

- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

~~**Comment [HRC146]:**~~ Standard offer.

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

~~**Comment [HRC147]:**~~ All conditions are standard.

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Visio before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~**Comment [HRC148]:**~~ Standard offer.

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

~~**Comment [HRC149]:**~~ Standard offer.

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~**Comment [HRC150]:**~~ Standard offer if included is in-network only.

~~**Comment [HRC151]:**~~ Optional benefit.

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[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

~~Comment [HRC152]:~~ Optional benefit.

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

~~Comment [HRC153]:~~ Optional benefit.

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes][,] [macular degeneration][,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

~~Comment [HRC154]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC155]:~~ Optional benefit.

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

~~Comment [HRC156]:~~ Value added service, not an insured benefit.

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

~~Comment [HRC157]:~~ Value added service, not an insured benefit.

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

~~Comment [HRC158]:~~ Value added service, not an insured benefit. Standard discount if offered is 20%.

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

~~Comment [HRC159]:~~ Standard offer.

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DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.

Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

Allowance means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.

Child or Children means your or your Partner's unmarried natural or unmarried step Child who:

[a.] is under age [19] [23] [25] [26] [30][; or
b. is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your [Partner] in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your [Partner]; or

3. Is required to be provided coverage by you or your [Partner] under the terms of a Qualified Medical Child

~~Comment [HRC160]:~~ Bracketed definitions may be removed when not necessary to support the benefit description.

~~Comment [HRC161]:~~ Optional definition.

~~Comment [HRC162]:~~ Optional definition.

~~Comment [HRC163]:~~ Optional definition

~~Comment [HRC164]:~~ Standard definition.

~~Comment [HRC165]:~~ Standard offer.

~~Comment [HRC166]:~~ Standard offer.

~~Comment [HRC167]:~~ Standard offer; standard age limitation is to age 19 if not a full time student.

~~Comment [HRC168]:~~ Standard offer; standard age limitation is full time student under age 23.

~~Comment [HRC169]:~~ If child is covered regardless of student status, standard offer is "Is under age 26".

~~Comment [HRC170]:~~ Standard offer.

~~Comment [HRC171]:~~ Standard offer.

Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

Comment [HRC172]: Standard definition; definition may be modified to match policyholder's health plan.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Collection means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.

Comment [HRC173]: Standard definition.

Copayment means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments, are shown in the *Schedule of Benefits*.

Comment [HRC174]: Standard definition.

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or

2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or

3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or

4. More than one type of contact lens at a time during any one Frequency period; or

5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

Dependent or Dependents means an Employee's:

[1.] [Partner][; or]

Comment [HRC175]: Standard offer

[2.] [Child.]

Comment [HRC176]: Standard offer.

Comment [HRC177]: Standard definition.

Discount means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.

Comment [HRC178]: Standard definition.

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

Comment [HRC179]: Standard offer

[Class 1] [All Members of the Policyholder who are officers]

[Class 2] [All Members of the Policyholder who are managers or supervisors]

[Class 3] [All Members of the Policyholder] at [location]]

[Class 4] [All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

~~**Comment [HRC180]:**~~ Option, used if classes are listed, exact description is determined by the Policyholder. For example a full time employment, or part time employment, or hourly requirement may be used.

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

Life Event means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.

~~**Comment [HRC181]:**~~ Optional definition.

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if "Member' is shown we insure all eligible Members, if 'Partner' is shown we insure the Employee's eligible Partner, and if "Children" is shown we insure all eligible Children.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider's Actual Charge).

Partner means your spouse or domestic partner:

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:

    a. are not married or legally separated;
    b. occupy the same residence; and
    c. share household expenses.

~~**Comment [HRC182]:**~~ Standard definition.

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;

2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

Participating Organization means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.

Comment [HRC183]: Optional definition.

Reimbursement means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

Average Retail Price means The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.

Comment [HRC184]: Optional definition.

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

Comment [HRC185]: Standard offer, may be removed if dependent coverage is not provided.

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

Comment [HRC186]: Standard offer; however may be presented a member only, member and dependents or dependents only

1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

~~**Comment [HRC187]:**~~ Standard offer, may be removed if employee only.

~~**Comment [HRC188]:**~~ Available options:

•Coverage can be applied for at any time – may be employee only or member and dependents.
•Coverage must be applied for within a set time period or applicant must wait until an enrollment period - may be member only or member and dependents.
•Coverage may be applied for within a set time period or the applicant must wait until the next enrollment period or a life event – may be member only or and dependent coverage.
•If coverage has to be applied for within a set period - enrollment will either not be allowed to enroll at any other time; or enrollment will be allowed at other time with a certificate of credible coverage or enrollment did not take place because of other coverage.

~~**Comment [HRC189]:**~~ Standard time frame is 31 days.

~~**Comment [HRC190]:**~~ Standard offer: member /dependent with life event - no credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC191]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC192]:**~~ Option with a life event and a credible coverage requirement; used if coverage has to be applied for within a set time frame with life events.

~~**Comment [HRC193]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC194]:**~~ Option without life event; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC195]:**~~ If included standard time frame is 31 days.

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within {31 standard:] [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

~~**Comment [HRC196]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC197]:**~~ Option without enrollment period of life event; used if coverage can be applied for at any time.

~~**Comment [HRC198]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC199]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events.

~~**Comment [HRC200]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC201]:**~~ Option without a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events but without credible coverage requirement.

~~**Comment [HRC202]:**~~ Option – member can enroll for coverage at any time.

~~**Comment [HRC203]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC204]:**~~ If included "date" is the standard offer.

~~**Comment [HRC205]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC206]:**~~ If included "date" is the standard offer.

~~**Comment [HRC207]:**~~ If included standard offer - member/dependent must enroll within a set time frame, change in family status rules apply, active service requirement does not apply.

~~**Comment [HRC208]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC209]:**~~ If included "date" is the standard offer.

~~**Comment [HRC210]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC211]:**~~ If included "date" is the standard offer.

~~**Comment [HRC212]:**~~ Option - member /dependent must enroll within a set time frame, change in family status rules does not apply, active service requirement does not apply

~~**Comment [HRC213]:**~~ Optional Provision

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[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

~~Comment [HRC214]:~~ Optional provision.

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

~~Comment [HRC215]:~~ Option

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or
2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. The last day of the last period for which premium is paid; or
4. The day he reports for active duty in the armed forces of the United States or any other country; or
5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

~~Comment [HRC216]:~~ "day" is the standard time frame.

~~Comment [HRC217]:~~ "day" is the standard time frame.

~~Comment [HRC218]:~~ "day" is the standard time frame.

~~Comment [HRC219]:~~ "day" is the standard time frame.

~~Comment [HRC220]:~~ Standard may be removed if dependents are not covered.

~~Comment [HRC221]:~~ "day" is the standard time frame.

~~Comment [HRC222]:~~ Option include if retirees are not covered.

REINSTATEMENT

If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.

~~Comment [HRC223]:~~ Standard may be removed if only dependents are covered

If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.

~~Comment [HRC224]:~~ Standard may be removed if dependents are not covered.

EXCLUSIONS

~~Comment [HRC225]:~~ Standard offer

~~Comment [HRC226]:~~ All exclusions are variable and may be removed in their entirety

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

Explanation of Variables
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[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to "Corneal Refractive Therapy" ("CRT), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in "Order of Benefit Determination" but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

"Allowable Expense" means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not

covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

"Claim Determination Period" means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

a. any plan that has no similar Coordination of Benefits Provision will pay first;
b. the plans that have a Coordination of Benefits Provision will pay as follows:

(1) first, any plan in which the Member is covered other than as a Dependent,
(2) second, any plan in which the Member is covered as a Dependent.

If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

a. if the parent with custody of the child has not remarried, the plans will pay in this order:

(1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

b. if the parent with custody of the child has remarried, the plans will pay in this order:

(1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second, any plan under which the child is covered as the Dependent of the step-parent;
(3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

   We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

~~Comment [HRC227]:~~ Optional provision.

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any

payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

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Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Explanation of Variables
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Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

Explanation of Variables
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GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.
We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER:	**[*]**
POLICY NUMBER:	**[*]**
POLICY EFFECTIVE DATE:	**[*]**
POLICY ANNIVERSARY DATE:	**[*]**
STATE OF ISSUE:	**[*]**
MINIMUM PARTICIPATION REQUIREMENT	[None] Employees
PREMIUM DUE DATE	Policy Effective Date and the first day of each month thereafter
[**RATE PER COVERED PERSON**	[*]]
[RATES PER-	
Employee	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and one Dependent	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and Spouse/Domestic Partner	[*]
Employee and Children	[*]
Family	[*]]
[COMPOSITE RATE	[*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually, a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person’s insurance for any reason other than cancellation of the Policy or a

covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rates will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

[Reinstatement

This Policy may be reinstated within [90] days of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].]

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person’s Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;

2. the number of persons who are insured after the Policy Effective Date;

3. the number of persons whose Insurance has terminated;

4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER	[*]
[PARTICIPATING ORGANIZATION]	[*]
POLICY EFFECTIVE DATE:	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

“You" and "your" refer to the Employee; “we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage.

[ADMINISTERED BY

Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]

For Customer Service Call: [800-328-4728]

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INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder’s personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

SCHEDULE OF BENEFITS

Subject to the terms of the Policy, benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. If the Provider's Actual Charge is less than the Reimbursement an Out-of-Network Provider may bill you for the difference.

You will not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You will not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[[$10-$200] Reimbursement] [Not Covered]]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[[$10-$200] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[[$10-$200] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]
[VISION MATERIALS					
[Vision Materials Combined	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[[$10- $500] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$0-$600] Allowance]	[[$10-$300] Reimbursement]	]
[*Frames*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12][24] months]
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	
[Priced up to $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment]	[Included – no Copayment] [[$5-$50] Co-payment]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12] [24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Frames]*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$30] [Co-payment] [Allowance]]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$60] [Co-payment] [Allowance]]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Included – 5o Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Vision before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes] [,] [macular degeneration] [,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

[**Active Service** means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.]

[**Affiliate or Affiliated** means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.]

[**Affiliate or Affiliated** means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.]

[**Allowance** means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.]

[**Child or Children** means your [or your Partner's] [unmarried] natural or [unmarried] step Child who [:]

[a.] is under age [19] [23] [25] [26] [30][; or
b.is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.]

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your [Partner] in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your [Partner]; or

3. Is required to be provided coverage by you or your [Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of

competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

[**Collection** means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.]

[**Copayment** means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments are shown in the *Schedule of Benefits*.]

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or

2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or

3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or

4. More than one type of contact lens at a time during any one Frequency period; or

5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

[**Dependent or Dependents** means an Employee's:

[1.] [Partner][; or]

[2.] [Child.]]

[**Discount** means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.]

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

[Class 1]	[All Members of the Policyholder who are officers]
[Class 2]	[All Members of the Policyholder who are managers or supervisors]
[Class 3]	[All Members of the Policyholder] at [location]]
[Class 4]	[All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

[**Life Event** means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.]

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if "Member' is shown we insure all eligible Members, if 'Partner' is shown we insure the Employee's eligible Partner, and if "Children" is shown we insure all eligible Children.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider's Actual Charge).

[**Partner** means your spouse or domestic partner:

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:
   a. are not married or legally separated;
   b. occupy the same residence; and
   c. share household expenses.]

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;
2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

[**Participating Organization** means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.]

[**Reimbursement** means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.]

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

[**Average Retail Price means** The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.]

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the

required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification:

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31 standard:] [31] [45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or

2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;

3. The last day of the last period for which premium is paid; or

4. The day he reports for active duty in the armed forces of the United States or any other country; or

5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

~~[CONTINUATION~~

~~[1.] [Family and Medical Leave~~

~~Your coverage and your Dependents coverage may be continued during absences for family or medical leave. If you are on a family or medical leave of absence, coverage will continue, provided any required premium is paid when due and the Policyholder has approved the leave in writing. Coverage will be continued for up to the greater of the leave period required by the federal Family and Medical Leave Act or the leave period required by applicable state law.]~~

~~[2.] [Military Leave~~

~~If you or one of your Dependents is called upon to serve in the armed forces of the United States that person's coverage will be continued during such absence until he reports for active duty. Coverage continued during a military leave of absence is subject to notifying your Employer of such leave in writing and continued payment of any required premium when due.]~~

~~[3.] [Other Layoff or Leave of Absence~~

~~If you are temporarily laid off or given a leave of absence, other than a military leave or a family or medical leave, your coverage and your Dependents coverage may be continued provided any required premium is paid when due and your Employer has approved the leave in writing. Temporary layoff or leave of absence means~~

~~you are temporarily absent from work for the period of time that has been agreed to in advance in writing by your Employer. Normal vacation time is not considered a temporary layoff off or leave of absence.]~~

~~[4.] [COBRA~~

~~In general, the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers, (other than certain church employers) who normally employed at least 20 or more employees in the prior calendar year, to temporarily extend their health care coverage to certain categories of employees and their covered dependents when, due to certain "qualifying events," they are no longer eligible for group coverage. Contact the Policyholder for more information about COBRA and the events that may allow you or your dependents to temporarily extend vision coverage.]]~~

~~[~~REINSTATEMENT

~~[~~If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.~~]~~

~~[~~If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.~~]]~~

EXCLUSIONS

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to "Corneal Refractive Therapy" ("CRT), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in “Order of Benefit Determination” but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

“Allowable Expense” means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

“Claim Determination Period” means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

   If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

   a. any plan that has no similar Coordination of Benefits Provision will pay first;
   b. the plans that have a Coordination of Benefits Provision will pay as follows:

      (1) first, any plan in which the Member is covered other than as a Dependent,
      (2) second, any plan in which the Member is covered as a Dependent.

   If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

   Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

   a. if the parent with custody of the child has not remarried, the plans will pay in this order:

(1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

b. if the parent with custody of the child has remarried, the plans will pay in this order:

(1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second, any plan under which the child is covered as the Dependent of the step-parent;
(3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown

that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so, you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefits may be provided by a Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) or on an indemnity reimbursement basis.

The enclosed policy form filing includes the standard variable provisions with an explanatory comment beside the variable - there are several kinds of variables including:

- Standard benefit provisions, which may be removed depending upon the requested plan design.
- Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
- Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
- Benefit provision variations – where alternate provisions are available each variation is bracketed.
- Sequential numbers or letters within a paragraph to show a progression are bracketed for construction purposes.
- Use of an asterisk within brackets "[*]" indicates a name, date, number or class designation (for example in the footer of the certificate a class designation, location or a similar reference may appear as appropriate.
- Text outside of brackets is not considered variable.

Note:

- These forms are submitted in final printed form in 10 point type on 8 ½ by 11 pages. The certificate of insurance may be printed in a booklet format (5 ½ by 8 ½ pages), if requested by the client.
- All exclusions and limitations may be included or deleted in their entirety. Optional wording within the exclusion or limitation is shown in brackets.
- Definitions that do not apply to the benefit description may be deleted in their entirety.
- Entire provisions or a numbered description within a provision may be moved in its entirety to accommodate construction due to system changes.
- The policyholder generally determines eligibility and service waiting periods applicable to their employees, associates, members, etc. and covered dependents. Thus the definition of member, partner, child and children and/or any service waiting period associated with eligibility for benefits may change to reflect the policyholder's personnel practices. We will not agree to a definition, service waiting period or other condition of eligibility that is not applied consistently to all members within a given class.
- We may issue certificates in a foreign language, based on a direct translation of the filed wording.

[Note include as standard – modify for HLNY:}

- [Additional variations not shown in the enclosed policy form may be agreed upon as a result of negotiations between HM Life [of New York] and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.]

[Use if necessary (NY, NC, TN, etc. – check State Guidelines:]

- [Variations not shown in the enclosed policy form will be filed for approval prior to use.]

Explanation of Variables
HM 902-VIS (3/14), ET. AL

We utilize with Davis Vision's Provider Network to provide vision coverage for expenses incurred for vision examinations and materials (frames, lenses, contacts, etc.) for both the preferred provider and exclusive provider options. Davis Vision offers, through its network of providers, the eyewear collections described in the certificate. In-network providers may also use a combination of those eyewear collections or their own eyewear collection. The collections include optional in-network items that are enhancements to standard frames or lenses.

HM Life Insurance Company is part of HM Insurance Group. Both HM Insurance Group & and Davis Vision are subsidiaries of Highmark, Inc.

Forms are issued directly through a group policy. Policy forms will only be issued to eligible groups as defined by applicable law. An electronic copy of the certificate will be forwarded to the policyholder for distribution to eligible members.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

POLICY HMP 902-VIS (3/14)

Policy is presented in an abridged format – certificate provisions are incorporated by reference.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER: **[*]**

POLICY NUMBER: **[*]**

POLICY EFFECTIVE DATE: **[*]**

POLICY ANNIVERSARY DATE: **[*]**

STATE OF ISSUE: **[*]**

MINIMUM PARTICIPATION REQUIREMENT [None] Employees

PREMIUM DUE DATE Policy Effective Date and the first day of each month thereafter

[**RATE PER COVERED PERSON** [*]]

[RATES PER-
Employee [*]
Family [*]]

[RATES PER
Employee [*]
Employee and one Dependent [*]
Family [*]]

[RATES PER
Employee [*]
Employee and Spouse/Domestic Partner [*]
Employee and Children [*]
Family [*]]

[COMPOSITE RATE [*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

~~**Comment [HRC1]:**~~ Bracketed for future considerations.

~~**Comment [HRC2]:**~~ Used to identify the policyholder.

~~**Comment [HRC3]:**~~ Used to designated the policy number.

~~**Comment [HRC4]:**~~ Used to designated the policy effective date.

~~**Comment [HRC5]:**~~ Used to designated the policy anniversary date.

~~**Comment [HRC6]:**~~ Used to designate the state where the policy is delivered.

~~**Comment [HRC7]:**~~ "None" is standard "5", "10", "15", "20" or "25" may be substituted.

~~**Comment [HRC8]:**~~ Use with a per member rate basis.

~~**Comment [HRC9]:**~~ Use with a two tier rate basis.

~~**Comment [HRC10]:**~~ Use with a three tier rate basis.

~~**Comment [HRC11]:**~~ Use with a four tier rate basis.

~~**Comment [HRC12]:**~~ Use with a composite rate basis.

~~**Comment [HRC13]:**~~ "remittance" is standard; "payment" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

~~**Comment [HRC14]:**~~ "30" is standard – "45", "60 or "90" may be substituted.

~~**Comment [HRC15]:**~~ Standard definition if included; following alternate definition may be substituted:

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

~~**Comment [HRC16]:**~~ Used to add the name of an affiliate

~~**Comment [HRC17]:**~~ Option may be used to add an affiliate off anniversary.

~~**Comment [HRC18]:**~~ Used to add the date the affiliate is effective.

~~**Comment [HRC19]:**~~ Non-standard option – only used if the group has affiliated companies.

~~**Comment [HRC20]:**~~ "Policy Anniversary Date" is standard; "Premium Due Date" may be substituted.

~~**Comment [HRC21]:**~~ "60" is standard "15", "30", "45", "60", "90", "120" or "180" may be substituted.

~~**Comment [HRC22]:**~~ "non-remittance" is standard; "non-payment" may be substituted.

~~**Comment [HRC23]:**~~ "12" is standard; "24" "36" "48" or "60" may be substituted

~~**Comment [HRC24]:**~~ Standard offer - policy will not be terminated except of non-payment of premium for a defined time period.

~~**Comment [HRC25]:**~~ "premium not remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC26]:**~~ remitted" is standard; "paid" may be substituted.

~~**Comment [HRC27]:**~~ remitted" is standard; "paid" may be substituted.

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[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least1 [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

~~**Comment [HRC28]:**~~ "12" is standard, "24", "36", "48" and "60-"may be substituted..

~~**Comment [HRC29]:**~~ Standard offer; "at any time" or "prior to the next Policy Anniversary Date shown on the cover page of this Policy may be substituted.

~~**Comment [HRC30]:**~~ Standard offer.

~~**Comment [HRC31]:**~~ "31" is standard, "45", "60", or "90" may be substituted.

~~**Comment [HRC32]:**~~ remittance" is standard; "payment" may be substituted.

~~**Comment [HRC33]:**~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~**Comment [HRC34]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC35]:**~~ "premium that has not been remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC36]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC37]:**~~ Option – use if requested when covered is paid for entirely by the member.

~~**Comment [HRC38]:**~~ "remit any premium collected through payroll deduction" is standard, "Pay any premium" may be substituted.

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[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person's insurance for any reason other than cancellation of the Policy or a covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

[Reinstatement

This Policy may be reinstated within [90] day of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].]

~~Comment [HRC39]:~~ Standard offer, may be removed.

~~Comment [HRC40]:~~ "60" is standard, "30", "45" or "90" may be substituted.

~~Comment [HRC41]:~~ Optional provision, not part of standard offer. Included if retroactive terminations are limited.

~~Comment [HRC42]:~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~Comment [HRC43]:~~ "48" is standard, "12', "24", "36" or "60" may be substituted.

~~Comment [HRC44]:~~ 10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC45]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC46]:~~ 15" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC47]:~~ Standard offer, may be removed if minimum participation percentage in none; re-number if removed.

~~Comment [HRC48]:~~ 10" is standard – "5", "15", "20" or "25" may be substituted

~~Comment [HRC49]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC50]:~~ "10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC51]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC52]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC53]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC54]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC55]:~~ "90" is standard; "60" may be substituted.

~~Comment [HRC56]:~~ remitted" is standard; "paid" may be substituted.

~~Comment [HRC57]:~~ "remittance" is standard; "payment" may be substituted.

~~Comment [HRC58]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC59]:~~ Optional provision, not part of standard offer.

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Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

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Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose Insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

~~**Comment [HRC60]:**~~ Name of president is considered variable to accommodate future organization changes

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CERTIFICATE HMC 902-VIS (3/14)

Entries for – Policyholder, Participating Organization, Policy Effective Date, Certificate Issue Date, and State of Issue are bracketed; Participating Organization will only be included if affiliated companies are covered.

HM Life Insurance Company
120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER [*]

[PARTICIPATING ORGANIZATION] [*]

POLICY EFFECTIVE DATE: [*]

CERTIFICATE EFFECTIVE DATE: [*]

STATE OF ISSUE: [*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Employee; "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]
For Customer Service Call: [800-328-4728]

~~**Comment [HRC61]:**~~ Name of president is considered variable to accommodate future organization changes

~~**Comment [HRC62]:**~~ Used to designate the Policyholder.

~~**Comment [HRC63]:**~~ Nonstandard – used when an affiliate requests a separate evidence of coverage.

~~**Comment [HRC64]:**~~ Used to designate the Participating Organization.

~~**Comment [HRC65]:**~~ Used to designate the Policy Effective Date.

~~**Comment [HRC66]:**~~ Used to designate the effective date of the Certificate.

~~**Comment [HRC67]:**~~ Used to identify the state of issue.

~~**Comment [HRC68]:**~~ Bracketed for future consideration.

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Comment [HRC69]: Page numbers in the **Table of Contents** are variable and will be system generated.

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INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder's personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

~~**Comment [HRC70]:**~~ "remittance" is standard; payment may be substituted.

~~**Comment [HRC71]:**~~ Standard - may be removed if policyholder agrees to continue premium payments for any person being continued due to lay-off, leave, etc. or a retiree:

~~**Comment [HRC72]:**~~ "Member" is considered a common term – employee, named insured, subscriber, associate, participant, beneficiary, retiree, etc. may be substituted for "member"

~~**Comment [HRC73]:**~~ Used when Employee's Spouse and/or Domestic Partner is covered without children; employee must be eligible to enroll or for the Partner to enroll.

~~**Comment [HRC74]:**~~ Used when Dependents] [Children are covered and the Partner is not; employee must be eligible to enroll Dependents] [Children.

~~**Comment [HRC75]:**~~ Included all dependents are covered; employee must be eligible to enroll either the Partner or Dependents] [Children, or for the Partner to enroll Dependents] [Children.

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SCHEDULE OF BENEFITS

Subject to the terms of the Policy benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. If the Provider's Actual Charge is less than the Reimbursement an Out-of-Network Provider may bill you for the difference.

You not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

~~**Comment [HRC76]:**~~ **Schedule of Benefits -** network options, benefit options and plans may be offered singularly or in combination; standard offer is a plan with in-network and out of network benefits; however a closed network only and out of network only plan may be offered.

Use of brackets in the "Benefits" column of this section indicate one or a combination may be chosen.

Bracketing around a number indicates a number that may be elected. The ranges shown for Copayments are in $1.00 increments beginning at $5.00. "Included No Copayment " indicates a zero Co-payment. The ranges shown for Allowances are in $5.00 increments beginning at either $5.00 or $10.00. The ranges shown for Reimbursements are in $5.00 increments beginning at either $5.00 or $10.00.

In-Network Benefits may be broken out by Vision works, Collection Providers and Non-Collection Providers. Within these option a copayment may be applied, or an allowance given, or an allowance given with an and additional discount provided.

"Allowance" is the maximum dollar amount that will be paid In-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Reimbursement" is the maximum amount that will be paid Out-of-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Not Covered" means the service is not part of the benefit description.

In and out of Network benefits may be provided as: exam only, materials only or exam and materials.

Discounts, if offered is not an insured benefit but rather a value added service – discount if offered are either 10%, 20% or 30% with 2o% being the standard offer.

A distinct schedule may be shown for each covered class.

~~**Comment [HRC77]:**~~ Standard offer, used when a copayment is charged – may be removed if the plan does not have any copayments.

~~**Comment [HRC78]:**~~ Standard offer, used when an Allowance for the is shown – may be removed if the plan does not have any copayments.

~~**Comment [HRC79]:**~~ Option – used when only a discount is provided.

~~**Comment [HRC80]:**~~ "50" is standard

~~**Comment [GP81]:**~~ Option, included if requested by the policyholder.

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[~~up to~~ [[$10-$200] Reimbursement] [Not Covered]]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC84]:**~~ Vision Exams are a standard offer, "Not Covered" is only used if the plan does not cover exams.

~~**Comment [HRC83]:**~~ Standard offer, heading may be removed if only one type of exam is covered.

~~**Comment [HRC85]:**~~ Standard offer for exam is "Once every 12 months"

~~**Comment [HRC86]:**~~ Standard offer

~~**Comment [HRC87]:**~~ Standard offer if included.

~~**Comment [HRC88]:**~~ If included standard offer is "For each Child once every 12 months".

~~**Comment [HRC89]:**~~ Optional benefit

~~**Comment [HRC90]:**~~ If included standard offer is "Once every 24 months"

~~**Comment [HRC91]:**~~ Optional benefit

~~**Comment [HRC92]:**~~ If included standard offer.

~~**Comment [HRC93]:**~~ If included standard offer is "Once every 24 months".

~~**Comment [HRC94]:**~~ If included standard offer, if both collection and non-collection standard contacts are reimbursed on the same basis only "Standard" is shown.

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Benefit	[In-Network [Visionworks	[Collection Providers	[Non-Collection Providers	[Out-of-Network	Benefit Frequency
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[VISION MATERIALS					
[Vision Materials Combined]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[$10- $500] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC95]:~~ If included standard offer, if both collection and non-collection specialty contacts are reimbursed on the same basis only "Specialty" is shown.

~~Comment [HRC96]:~~ Optional benefit.

~~Comment [HRC97]:~~ If included standard offer is "Once every 60 months".

~~Comment [HRC98]:~~ If included standard offer is "One visit every 12 months".

~~Comment [HRC99]:~~ Optional Benefit

~~Comment [HRC100]:~~ If included standard is "Once every 24 months"

~~Comment [HRC101]:~~ Optional Benefit

~~Comment [HRC102]:~~ If included standard offer is "Once every 24 months"

~~Comment [HRC103R102]:~~ Optional benefit

~~Comment [HRC104]:~~ "Vision Material Combined is an option – standard benefit is a separate lens and frame benefit.

~~Comment [HRC105]:~~ If presented as a combined benefit standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] $0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	]
[*Frames*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[$10-$300] Reimbursement	
[Priced up to $70 Retail]	[Included – no Copayment]	[Included – no Copayment]	[Included – no Copayment]	[Not Covered]	
	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]		

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC106]:**~~ Standard offer is "Once every 24 months"

~~**Comment [HRC107]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC108]:**~~ Priced up to $70 Retail" and "Priced above $70 Retail" are options - standard offer is the three frame collections above and non-collection frames with an out-of-network frame benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment]\ [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC109]:**~~ Standard offer.

~~**Comment [HRC110]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC111]:**~~ Standard offer.

~~**Comment [HRC112]:**~~ Standard offer.

~~**Comment [HRC113]:**~~ Standard offer.

~~**Comment [HRC114]:**~~ Contact lenses in lieu of eyeglasses is a standard offer.

~~**Comment [HRC115]:**~~ Standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[-[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Included – no Copayment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC116]:~~ "Other Lens Options is a standard offer; however ,not all types of lenses within this benefit may be offered.

~~Comment [HRC117]:~~ If included "Once every 12 months" is standard.

~~Comment [HRC118]:~~ Optional benefit.

~~Comment [HRC119]:~~ Either "Visual Display Terminal (VDT) Materials" or "Computer Vision Syndrome Materials" may be used to describe the benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC120]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC121]:**~~ Optional benefit.

~~**Comment [HRC122]:**~~ "Once every 24 months" is standard.

~~**Comment [HRC123]:**~~ Optional benefit, offered in addition to the standard frame / lens benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC124]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC125]:**~~ If included "Once every 12 months" is standard.

~~**Comment [HRC126]:**~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Included – 5o Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC127]:**~~ If included "Once per lifetime" is standard.

~~**Comment [HRC128]:**~~ Optional benefit.

~~**Comment [HRC129]:**~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~**Comment [HRC130]:**~~ If included "One additional every 24 months" is standard.

~~**Comment [HRC131]:**~~ If included standard offer.

~~**Comment [HRC132]:**~~ If included standard offer.

~~**Comment [HRC133]:**~~ If included standard offer.

~~**Comment [HRC134]:**~~ If included standard offer.

~~**Comment [HRC135]:**~~ If included standard offer.

~~**Comment [HRC136]:**~~ If included standard offer.

~~**Comment [HRC137]:**~~ Optional benefit.

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Benefit	[In-Network [Visionworks	[Collection Providers	[Non-Collection Providers	[Out-of-Network	Benefit Frequency
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC138]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC139]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC140]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC141]:~~ Optional benefit

~~Comment [HRC142]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC143]:~~ Optional frame benefit.

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

~~Comment [HRC144]:~~ Standard in-network offer if collection contact lenses are covered.

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

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- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

~~Comment [HRC145]:~~ Standard offer.

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

~~Comment [HRC146]:~~ All conditions are standard.

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Visio before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC147]:~~ Standard offer.

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

~~Comment [HRC148]:~~ Standard offer.

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC149]:~~ Standard offer if included is in-network only.

~~Comment [HRC150]:~~ Optional benefit.

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[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

~~Comment [HRC151]:~~ Optional benefit.

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

~~Comment [HRC152]:~~ Optional benefit.

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes][,] [macular degeneration][,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

~~Comment [HRC153]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC154]:~~ Optional benefit.

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

~~Comment [HRC155]:~~ Value added service, not an insured benefit.

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

~~Comment [HRC156]:~~ Value added service, not an insured benefit.

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

~~Comment [HRC157]:~~ Value added service, not an insured benefit. Standard discount if offered is 20%.

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

~~Comment [HRC158]:~~ Standard offer.

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DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

[**Active Service** means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.]

[**Affiliate or Affiliated** means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.]

[**Affiliate or Affiliated** means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.]

[**Allowance** means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.]

[**Child or Children** means your [or your Partner's] [unmarried] natural or [unmarried] step Child who[:]

[a.] is under age [19] [23] [25] [26] [30][; or
b. is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.]

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your [Partner] in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your [Partner]; or

3. Is required to be provided coverage by you or your [Partner] under the terms of a Qualified Medical Child

~~Comment [HRC159]:~~ Bracketed definitions may be removed when not necessary to support the benefit description.

~~Comment [HRC160]:~~ Optional definition.

~~Comment [HRC161]:~~ Optional definition.

~~Comment [HRC162]:~~ Optional definition

~~Comment [HRC163]:~~ Standard definition.

~~Comment [HRC164]:~~ Standard offer.

~~Comment [HRC165]:~~ Standard offer.

~~Comment [HRC166]:~~ Standard offer; standard age limitation is to age 19 if not a full time student.

~~Comment [HRC167]:~~ Standard offer; standard age limitation is full time student under age 23.

~~Comment [HRC168]:~~ If child is covered regardless of student status, standard offer is "Is under age 26".

~~Comment [HRC169]:~~ Standard offer.

~~Comment [HRC170]:~~ Standard offer.

Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

[**Collection** means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.]

[**Copayment** means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments, are shown in the *Schedule of Benefits*.]

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or
2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or
3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or
4. More than one type of contact lens at a time during any one Frequency period; or
5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

[**Dependent or Dependents** means an Employee's:

[1.] [Partner][; or]

[2.] [Child.]]

[**Discount** means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.]

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

[Class 1] [All Members of the Policyholder who are officers]

[Class 2] [All Members of the Policyholder who are managers or supervisors]

[Class 3] [All Members of the Policyholder] at [location]]

~~**Comment [HRC171]:**~~ Standard definition; definition may be modified to match policyholder's health plan.

~~**Comment [HRC172]:**~~ Standard definition.

~~**Comment [HRC173]:**~~ Standard definition.

~~**Comment [HRC174]:**~~ Standard offer

~~**Comment [HRC175]:**~~ Standard offer.

~~**Comment [HRC176]:**~~ Standard definition.

~~**Comment [HRC177]:**~~ Standard definition.

~~**Comment [HRC178]:**~~ Standard offer

[Class 4] [All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

Comment [HRC179]: Option, used if classes are listed, exact description is determined by the Policyholder. For example a full time employment, or part time employment, or hourly requirement may be used.

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

[**Life Event** means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.]

Comment [HRC180]: Optional definition.

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if "Member' is shown we insure all eligible Members, if 'Partner' is shown we insure the Employee's eligible Partner, and if "Children" is shown we insure all eligible Children.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider's Actual Charge).

[**Partner** means your spouse or domestic partner:

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:

   a. are not married or legally separated;
   b. occupy the same residence; and
   c. share household expenses.]

Comment [HRC181]: Standard definition.

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;

2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

[**Participating Organization** means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.]

~~**Comment [HRC182]:**~~ Optional definition.

[**Reimbursement** means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.]

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

[**Average Retail Price means** The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.]

~~**Comment [HRC183]:**~~ Optional definition.

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

~~**Comment [HRC184]:**~~ Standard offer, may be removed if dependent coverage is not provided.

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

~~**Comment [HRC185]:**~~ Standard offer; however may be presented a member only, member and dependents or dependents only

1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

~~**Comment [HRC186]:**~~ Standard offer, may be removed if employee only.

~~**Comment [HRC187]:**~~ Available options:

•Coverage can be applied for at any time – may be employee only or member and dependents.
•Coverage must be applied for within a set time period or applicant must wait until an enrollment period - may be member only or member and dependents.
•Coverage may be applied for within a set time period or the applicant must wait until the next enrollment period or a life event – may be member only or and dependent coverage.
•If coverage has to be applied for within a set period - enrollment will either not be allowed to enroll at any other time; or enrollment will be allowed at other time with a certificate of credible coverage or enrollment did not take place because of other coverage.

~~**Comment [HRC188]:**~~ Standard time frame is 31 days.

~~**Comment [HRC189]:**~~ Standard offer: member /dependent with life event - no credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC190]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC191]:**~~ Option with a life event and a credible coverage requirement; used if coverage has to be applied for within a set time frame with life events.

~~**Comment [HRC192]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC193]:**~~ Option without life event; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC194]:**~~ If included standard time frame is 31 days.

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within {31 standard:] [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

~~**Comment [HRC195]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC196]:**~~ Option without enrollment period of life event; used if coverage can be applied for at any time.

~~**Comment [HRC197]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC198]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events.

~~**Comment [HRC199]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC200]:**~~ Option without a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events but without credible coverage requirement.

~~**Comment [HRC201]:**~~ Option – member can enroll for coverage at any time.

~~**Comment [HRC202]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC203]:**~~ If included "date" is the standard offer.

~~**Comment [HRC204]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC205]:**~~ If included "date" is the standard offer.

~~**Comment [HRC206]:**~~ If included standard offer - member/dependent must enroll within a set time frame, change in family status rules apply, active service requirement does not apply.

~~**Comment [HRC207]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC208]:**~~ If included "date" is the standard offer.

~~**Comment [HRC209]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC210]:**~~ If included "date" is the standard offer.

~~**Comment [HRC211]:**~~ Option - member /dependent must enroll within a set time frame, change in family status rules does not apply, active service requirement does not apply

~~**Comment [HRC212]:**~~ Optional Provision

Explanation of Variables
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[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

~~Comment [HRC213]:~~ Optional provision.

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

~~Comment [HRC214]:~~ Option

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or
2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. The last day of the last period for which premium is paid; or
4. The day he reports for active duty in the armed forces of the United States or any other country; or
5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

~~Comment [HRC215]:~~ "day" is the standard time frame.

~~Comment [HRC216]:~~ "day" is the standard time frame.

~~Comment [HRC217]:~~ "day" is the standard time frame.

~~Comment [HRC218]:~~ "day" is the standard time frame.

~~Comment [HRC219]:~~ Standard may be removed if dependents are not covered.

~~Comment [HRC220]:~~ "day" is the standard time frame.

~~Comment [HRC221]:~~ Option include if retirees are not covered.

~~[CONTINUATION~~

~~[1.] [Family and Medical Leave~~

~~Your coverage and your Dependents coverage may be continued during absences for family or medical leave. If you are on a family or medical leave of absence coverage will continue provided any required premium is paid when due and the Policyholder has approved the leave in writing. Coverage will be continued for up to the greater of the leave period required by the federal Family and Medical Leave Act or the leave period required by applicable state law.]~~

~~Comment [HRC222]:~~ Option

~~[2.] [Military Leave~~

~~If you or one of your Dependents is called upon to serve in the armed forces of the United States that person's coverage will be continued during such absence until he reports for active duty. Coverage continued during a military leave of absence is subject to notifying your Employer of such leave in writing and continued payment of any required premium when due.]~~

~~Comment [HRC223]:~~ Option

~~[3.] [Other Layoff or Leave of Absence~~

~~If you are temporarily laid off or given a leave of absence, other than a military leave or a family or medical leave, your coverage and your Dependents coverage may be continued provided any required premium is paid~~

~~when due and your Employer has approved the leave in writing. Temporary layoff or leave of absence means you are temporarily absent from work for the period of time that has been agreed to in advance in writing by your Employer. Normal vacation time is not considered a temporary layoff off or leave of absence.]~~

~~[4.] [COBRA~~

~~In general, the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers, (other than certain church employers) who normally employed at least 20 or more employees in the prior calendar year, to temporarily extend their health care coverage to certain categories of employees and their covered dependents when, due to certain "qualifying events," they are no longer eligible for group coverage. Contact the Policyholder for more information about COBRA and the events that may allow you or your dependents to temporarily extend vision coverage.]]~~

[REINSTATEMENT

[If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.]

[If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.]]

EXCLUSIONS

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to "Corneal Refractive Therapy" ("CRT), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

~~**Comment [HRC224]:**~~ Option

~~**Comment [HRC225]:**~~ Option

~~**Comment [HRC226]:**~~ Optional benefit

~~**Comment [HRC227]:**~~ Standard may be removed if only dependents are covered

~~**Comment [HRC228]:**~~ Standard may be removed if dependents are not covered.

~~**Comment [HRC229]:**~~ Standard offer

~~**Comment [HRC230]:**~~ All exclusions are variable and may be removed in their entirety

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in "Order of Benefit Determination" but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

"Allowable Expense" means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

"Claim Determination Period" means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

a. any plan that has no similar Coordination of Benefits Provision will pay first;
b. the plans that have a Coordination of Benefits Provision will pay as follows:

(1) first, any plan in which the Member is covered other than as a Dependent,
(2) second, any plan in which the Member is covered as a Dependent.

If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

a. if the parent with custody of the child has not remarried, the plans will pay in this order:

(1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

b. if the parent with custody of the child has remarried, the plans will pay in this order:

(1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second, any plan under which the child is covered as the Dependent of the step-parent;
(3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

~~**Comment [HRC231]:**~~ Optional provision.

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

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1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.
   If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

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Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

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GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.
We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/17/2014		Supporting Document	Explanation of Variability	07/17/2014	VisionVariable_DV_HM 3-14 Series - Clean - rev 7-17.pdf (Superceded)
06/30/2014		Supporting Document	Explanation of Variability	07/17/2014	VisionVariable_DV_HM 3-14 Series - CLEAN.pdf (Superceded)

Explanation of Variables
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Benefits may be provided by a Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) or on an indemnity reimbursement basis.

The enclosed policy form filing includes the standard variable provisions with an explanatory comment beside the variable - there are several kinds of variables including:

- Standard benefit provisions, which may be removed depending upon the requested plan design.
- Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
- Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
- Benefit provision variations – where alternate provisions are available each variation is bracketed.
- Sequential numbers or letters within a paragraph to show a progression are bracketed for construction purposes.
- Use of an asterisk within brackets "[*]" indicates a name, date, number or class designation (for example in the footer of the certificate a class designation, location or a similar reference may appear as appropriate.
- Text outside of brackets is not considered variable.

Note:

- These forms are submitted in final printed form in 10 point type on 8 ½ by 11 pages. The certificate of insurance may be printed in a booklet format (5 ½ by 8 ½ pages), if requested by the client.
- All exclusions and limitations may be included or deleted in their entirety. Optional wording within the exclusion or limitation is shown in brackets.
- Definitions that do not apply to the benefit description may be deleted in their entirety.
- Entire provisions or a numbered description within a provision may be moved in its entirety to accommodate construction due to system changes.
- The policyholder generally determines eligibility and service waiting periods applicable to their employees, associates, members, etc. and covered dependents. Thus the definition of member, partner, child and children and/or any service waiting period associated with eligibility for benefits may change to reflect the policyholder's personnel practices. We will not agree to a definition, service waiting period or other condition of eligibility that is not applied consistently to all members within a given class.
- We may issue certificates in a foreign language, based on a direct translation of the filed wording.

[Note include as standard – modify for HLNY:}

- [Additional variations not shown in the enclosed policy form may be agreed upon as a result of negotiations between HM Life [of New York] and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.]

[Use if necessary (NY, NC, TN, etc. – check State Guidelines:]

- [Variations not shown in the enclosed policy form will be filed for approval prior to use.]

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We utilize with Davis Vision's Provider Network to provide vision coverage for expenses incurred for vision examinations and materials (frames, lenses, contacts, etc.) for both the preferred provider and exclusive provider options. Davis Vision offers, through its network of providers, the eyewear collections described in the certificate. In-network providers may also use a combination of those eyewear collections or their own eyewear collection. The collections include optional in-network items that are enhancements to standard frames or lenses.

HM Life Insurance Company is part of HM Insurance Group. Both HM Insurance Group & and Davis Vision are subsidiaries of Highmark, Inc.

Forms are issued directly through a group policy. Policy forms will only be issued to eligible groups as defined by applicable law. An electronic copy of the certificate will be forwarded to the policyholder for distribution to eligible members.

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POLICY HMP 902-VIS (3/14)

Policy is presented in an abridged format – certificate provisions are incorporated by reference.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER: **[*]**

POLICY NUMBER: **[*]**

POLICY EFFECTIVE DATE: **[*]**

POLICY ANNIVERSARY DATE: **[*]**

STATE OF ISSUE: **[*]**

MINIMUM PARTICIPATION REQUIREMENT [None] Employees

PREMIUM DUE DATE Policy Effective Date and the first day of each month thereafter

[**RATE PER COVERED PERSON** [*]]

[RATES PER-
Employee [*]
Family [*]]

[RATES PER
Employee [*]
Employee and one Dependent [*]
Family [*]]

[RATES PER
Employee [*]
Employee and Spouse/Domestic Partner [*]
Employee and Children [*]
Family [*]]

[COMPOSITE RATE [*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

~~**Comment [HRC1]:**~~ Bracketed for future considerations.

~~**Comment [HRC2]:**~~ Used to identify the policyholder.

~~**Comment [HRC3]:**~~ Used to designated the policy number.

~~**Comment [HRC4]:**~~ Used to designated the policy effective date.

~~**Comment [HRC5]:**~~ Used to designated the policy anniversary date.

~~**Comment [HRC6]:**~~ Used to designate the state where the policy is delivered.

~~**Comment [HRC7]:**~~ "None" is standard "5", "10", "15", "20" or "25" may be substituted.

~~**Comment [HRC8]:**~~ Use with a per member rate basis.

~~**Comment [HRC9]:**~~ Use with a two tier rate basis.

~~**Comment [HRC10]:**~~ Use with a three tier rate basis.

~~**Comment [HRC11]:**~~ Use with a four tier rate basis.

~~**Comment [HRC12]:**~~ Use with a composite rate basis.

~~**Comment [HRC13]:**~~ "remittance" is standard; "payment" may be substituted.

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This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

~~**Comment [HRC14]:**~~ "30" is standard – "45", "60 or "90" may be substituted.

~~**Comment [HRC15]:**~~ Standard definition if included; following alternate definition may be substituted:

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

~~**Comment [HRC16]:**~~ Used to add the name of an affiliate

~~**Comment [HRC17]:**~~ Option may be used to add an affiliate off anniversary.

~~**Comment [HRC18]:**~~ Used to add the date the affiliate is effective.

~~**Comment [HRC19]:**~~ Non-standard option – only used if the group has affiliated companies.

~~**Comment [HRC20]:**~~ "Policy Anniversary Date" is standard; "Premium Due Date" may be substituted.

~~**Comment [HRC21]:**~~ "60" is standard "15", "30", "45", "60", "90", "120" or "180" may be substituted.

~~**Comment [HRC22]:**~~ "non-remittance" is standard; "non-payment" may be substituted.

~~**Comment [HRC23]:**~~ "12" is standard; "24" "36" "48" or "60" may be substituted

~~**Comment [HRC24]:**~~ Standard offer - policy will not be terminated except of non-payment of premium for a defined time period.

~~**Comment [HRC25]:**~~ "premium not remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC26]:**~~ remitted" is standard; "paid" may be substituted.

~~**Comment [HRC27]:**~~ remitted" is standard; "paid" may be substituted.

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[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least1 [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

~~**Comment [HRC28]:**~~ "12" is standard, "24", "36", "48" and "60-"may be substituted..

~~**Comment [HRC29]:**~~ Standard offer; "at any time" or "prior to the next Policy Anniversary Date shown on the cover page of this Policy may be substituted.

~~**Comment [HRC30]:**~~ Standard offer.

~~**Comment [HRC31]:**~~ "31" is standard, "45", "60", or "90" may be substituted.

~~**Comment [HRC32]:**~~ remittance" is standard; "payment" may be substituted.

~~**Comment [HRC33]:**~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~**Comment [HRC34]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC35]:**~~ "premium that has not been remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC36]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC37]:**~~ Option – use if requested when covered is paid for entirely by the member.

~~**Comment [HRC38]:**~~ "remit any premium collected through payroll deduction" is standard, "Pay any premium" may be substituted.

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[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person's insurance for any reason other than cancellation of the Policy or a covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

[Reinstatement

This Policy may be reinstated within [90] day of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].]

~~**Comment [HRC39]:**~~ Standard offer, may be removed.

~~**Comment [HRC40]:**~~ "60" is standard, "30", "45" or "90" may be substituted.

~~**Comment [HRC41]:**~~ Optional provision, not part of standard offer. Included if retroactive terminations are limited.

~~**Comment [HRC42]:**~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~**Comment [HRC43]:**~~ "48" is standard, "12', "24", "36" or "60" may be substituted.

~~**Comment [HRC44]:**~~ 10" is standard – "5", "10", "20" or "25" may be substituted

~~**Comment [HRC45]:**~~ Standard offer, may be removed; re-number if removed.

~~**Comment [HRC46]:**~~ 15" is standard – "5", "10", "20" or "25" may be substituted

~~**Comment [HRC47]:**~~ Standard offer, may be removed if minimum participation percentage in none; re-number if removed.

~~**Comment [HRC48]:**~~ 10" is standard – "5", "15", "20" or "25" may be substituted

~~**Comment [HRC49]:**~~ Standard offer, may be removed; re-number if removed.

~~**Comment [HRC50]:**~~ "10" is standard – "5", "10", "20" or "25" may be substituted

~~**Comment [HRC51]:**~~ Standard offer, may be removed; re-number if removed.

~~**Comment [HRC52]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC53]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC54]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC55]:**~~ "90" is standard; "60" may be substituted.

~~**Comment [HRC56]:**~~ remitted" is standard; "paid" may be substituted.

~~**Comment [HRC57]:**~~ "remittance" is standard; "payment" may be substituted.

~~**Comment [HRC58]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC59]:**~~ Optional provision, not part of standard offer.

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Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

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Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose Insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

~~**Comment [HRC60]:**~~ Name of president is considered variable to accommodate future organization changes

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CERTIFICATE HMC 902-VIS (3/14)

Entries for – Policyholder, Participating Organization, Policy Effective Date, Certificate Issue Date, and State of Issue are bracketed; Participating Organization will only be included if affiliated companies are covered.

HM Life Insurance Company
120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER [*]

[PARTICIPATING ORGANIZATION] [*]

POLICY EFFECTIVE DATE: [*]

CERTIFICATE EFFECTIVE DATE: [*]

STATE OF ISSUE: [*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Employee; "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]
For Customer Service Call: [800-328-4728]

~~**Comment [HRC61]:**~~ Name of president is considered variable to accommodate future organization changes

~~**Comment [HRC62]:**~~ Used to designate the Policyholder.

~~**Comment [HRC63]:**~~ Nonstandard – used when an affiliate requests a separate evidence of coverage.

~~**Comment [HRC64]:**~~ Used to designate the Participating Organization.

~~**Comment [HRC65]:**~~ Used to designate the Policy Effective Date.

~~**Comment [HRC66]:**~~ Used to designate the effective date of the Certificate.

~~**Comment [HRC67]:**~~ Used to identify the state of issue.

~~**Comment [HRC68]:**~~ Bracketed for future consideration.

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Comment [HRC69]: Page numbers in the **Table of Contents** are variable and will be system generated.

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INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder's personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

~~**Comment [HRC70]:**~~ "remittance" is standard; payment may be substituted.

~~**Comment [HRC71]:**~~ Standard - may be removed if policyholder agrees to continue premium payments for any person being continued due to lay-off, leave, etc. or a retiree:

~~**Comment [HRC72]:**~~ "Member" is considered a common term – employee, named insured, subscriber, associate, participant, beneficiary, retiree, etc. may be substituted for "member"

~~**Comment [HRC73]:**~~ Used when Employee's Spouse and/or Domestic Partner is covered without children; employee must be eligible to enroll or for the Partner to enroll.

~~**Comment [HRC74]:**~~ Used when Dependents] [Children are covered and the Partner is not; employee must be eligible to enroll Dependents] [Children.

~~**Comment [HRC75]:**~~ Included all dependents are covered; employee must be eligible to enroll either the Partner or Dependents] [Children, or for the Partner to enroll Dependents] [Children.

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SCHEDULE OF BENEFITS

Subject to the terms of the Policy benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. An Out-of-Network Provider may bill you for any difference.

You not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

~~**Comment [HRC76]:**~~ **Schedule of Benefits -** network options, benefit options and plans may be offered singularly or in combination; standard offer is a plan with in-network and out of network benefits; however a closed network only and out of network only plan may be offered.

Use of brackets in the "Benefits" column of this section indicate one or a combination may be chosen.

Bracketing around a number indicates a number that may be elected. The ranges shown for Copayments are in $1.00 increments beginning at $5.00. "Included No Copayment " indicates a zero Co-payment. The ranges shown for Allowances are in $5.00 increments beginning at either $5.00 or $10.00. The ranges shown for Reimbursements are in $5.00 increments beginning at either $5.00 or $10.00.

In-Network Benefits may be broken out by Vision works, Collection Providers and Non-Collection Providers. Within these option a copayment may be applied, or an allowance given, or an allowance given with an and additional discount provided.

"Allowance" is the maximum dollar amount that will be paid In-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Reimbursement" is the maximum amount that will be paid Out-of-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Not Covered" means the service is not part of the benefit description.

In and out of Network benefits may be provided as: exam only, materials only or exam and materials.

Discounts, if offered is not an insured benefit but rather a value added service – discount if offered are either 10%, 20% or 30% with 2o% being the standard offer.

A distinct schedule may be shown for each covered class.

~~**Comment [HRC77]:**~~ Standard offer, used when a copayment is charged – may be removed if the plan does not have any copayments.

~~**Comment [HRC78]:**~~ Standard offer, used when an Allowance for the is shown – may be removed if the plan does not have any copayments.

~~**Comment [HRC79]:**~~ Option – used when only a discount is provided.

~~**Comment [HRC80]:**~~ "50" is standard

~~**Comment [GP81]:**~~ Option, included if requested by the policyholder.

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Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[~~up to~~ [[$10-$200] Reimbursement] [Not Covered]]	

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC85]:**~~ Vision Exams are a standard offer, "Not Covered" is only used if the plan does not cover exams.

~~**Comment [HRC84]:**~~ Standard offer, heading may be removed if only one type of exam is covered.

~~**Comment [HRC86]:**~~ Standard offer for exam is "Once every 12 months"

~~**Comment [HRC87]:**~~ Standard offer

~~**Comment [HRC88]:**~~ Standard offer if included.

~~**Comment [HRC89]:**~~ If included standard offer is "For each Child once every 12 months".

~~**Comment [HRC90]:**~~ Optional benefit

~~**Comment [HRC91]:**~~ If included standard offer is "Once every 24 months"

~~**Comment [HRC92]:**~~ Optional benefit

~~**Comment [HRC93]:**~~ If included standard offer.

~~**Comment [HRC94]:**~~ If included standard offer is "Once every 24 months".

~~**Comment [HRC95]:**~~ If included standard offer, if both collection and non-collection standard contacts are reimbursed on the same basis only "Standard" is shown.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[VISION MATERIALS					
[Vision Materials Combined]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[$10- $500] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC96]:**~~ If included standard offer, if both collection and non-collection specialty contacts are reimbursed on the same basis only "Specialty" is shown.

~~**Comment [HRC97]:**~~ Optional benefit.

~~**Comment [HRC98]:**~~ If included standard offer is "Once every 60 months".

~~**Comment [HRC99]:**~~ If included standard offer is "One visit every 12 months".

~~**Comment [HRC100]:**~~ Optional Benefit

~~**Comment [HRC101]:**~~ If included standard is "Once every 24 months"

~~**Comment [HRC102]:**~~ Optional Benefit

~~**Comment [HRC103]:**~~ If included standard offer is "Once every 24 months"

~~**Comment [HRC104R103]:**~~ Optional benefit

~~**Comment [HRC105]:**~~ "Vision Material Combined is an option – standard benefit is a separate lens and frame benefit.

~~**Comment [HRC106]:**~~ If presented as a combined benefit standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] $0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	]
[*Frames*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[$10-$300] Reimbursement	
[Priced up to $70 Retail]	[Included – no Copayment]	[Included – no Copayment]	[Included – no Copayment]	[Not Covered]	
	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]		

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC107]:**~~ Standard offer is "Once every 24 months"

~~**Comment [HRC108]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC109]:**~~ Priced up to $70 Retail" and "Priced above $70 Retail" are options - standard offer is the three frame collections above and non-collection frames with an out-of-network frame benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment]\ [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC110]:**~~ Standard offer.

~~**Comment [HRC111]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC112]:**~~ Standard offer.

~~**Comment [HRC113]:**~~ Standard offer.

~~**Comment [HRC114]:**~~ Standard offer.

~~**Comment [HRC115]:**~~ Contact lenses in lieu of eyeglasses is a standard offer.

~~**Comment [HRC116]:**~~ Standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[-[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

~~Comment [HRC82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Included – no Copayment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

~~Comment [HRC82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC117]:~~ "Other Lens Options is a standard offer; however ,not all types of lenses within this benefit may be offered.

~~Comment [HRC118]:~~ If included "Once every 12 months" is standard.

~~Comment [HRC119]:~~ Optional benefit.

~~Comment [HRC120]:~~ Either "Visual Display Terminal (VDT) Materials" or "Computer Vision Syndrome Materials" may be used to describe the benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC121]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC122]:**~~ Optional benefit.

~~**Comment [HRC123]:**~~ "Once every 24 months" is standard.

~~**Comment [HRC124]:**~~ Optional benefit, offered in addition to the standard frame / lens benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

~~**Comment [HRC82]:**~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~**Comment [HRC83]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC125]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC126]:**~~ If included "Once every 12 months" is standard.

~~**Comment [HRC127]:**~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Included – 5o Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

~~Comment [HRC82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC128]:~~ If included "Once per lifetime" is standard.

~~Comment [HRC129]:~~ Optional benefit.

~~Comment [HRC130]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC131]:~~ If included "One additional every 24 months" is standard.

~~Comment [HRC132]:~~ If included standard offer.

~~Comment [HRC133]:~~ If included standard offer.

~~Comment [HRC134]:~~ If included standard offer.

~~Comment [HRC135]:~~ If included standard offer.

~~Comment [HRC136]:~~ If included standard offer.

~~Comment [HRC137]:~~ If included standard offer.

~~Comment [HRC138]:~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

~~Comment [HRC82]:~~ Note wherever "[Once] [Twice] every [12] [24] months" appears in this column "[Once] [Twice] [in any] [every other][calendar] [plan] year" may be substituted to allow the Benefit Frequency to run on a plan or calendar year basis. Whichever convention is chosen will be used consistently for all benefits.

~~Comment [HRC83]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC139]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC140]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC141]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC142]:~~ Optional benefit

~~Comment [HRC143]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC144]:~~ Optional frame benefit.

~~Comment [HRC145]:~~ Standard in-network offer if collection contact lenses are covered.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

~~Comment [HRC146]:~~ Standard offer.

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

~~Comment [HRC147]:~~ All conditions are standard.

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Visio before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC148]:~~ Standard offer.

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

~~Comment [HRC149]:~~ Standard offer.

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC150]:~~ Standard offer if included is in-network only.

~~Comment [HRC151]:~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

~~Comment [HRC152]:~~ Optional benefit.

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

~~Comment [HRC153]:~~ Optional benefit.

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes][,] [macular degeneration][,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

~~Comment [HRC154]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC155]:~~ Optional benefit.

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

~~Comment [HRC156]:~~ Value added service, not an insured benefit.

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

~~Comment [HRC157]:~~ Value added service, not an insured benefit.

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

~~Comment [HRC158]:~~ Value added service, not an insured benefit. Standard discount if offered is 20%.

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

~~Comment [HRC159]:~~ Standard offer.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

[**Active Service** means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.]

[**Affiliate or Affiliated** means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.]

[**Affiliate or Affiliated** means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.]

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

[**Allowance** means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.]

[**Average Retail Price means** The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.]

[Child or Children means your [or your Partner's] [unmarried] natural or [unmarried] step Child who[:]

[a.] is under age [19] [23] [25] [26] [30][; or
b. is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.]

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

~~**Comment [HRC160]:**~~ Bracketed definitions may be removed when not necessary to support the benefit description.

~~**Comment [HRC161]:**~~ Optional definition.

~~**Comment [HRC162]:**~~ Optional definition.

~~**Comment [HRC163]:**~~ Optional definition

~~**Comment [HRC164]:**~~ Standard definition.

~~**Comment [HRC165]:**~~ Optional definition.

~~**Comment [HRC166]:**~~ Standard offer.

~~**Comment [HRC167]:**~~ Standard offer.

~~**Comment [HRC168]:**~~ Standard offer; standard age limitation is to age 19 if not a full time student.

~~**Comment [HRC169]:**~~ Standard offer; standard age limitation is full time student under age 23.

~~**Comment [HRC170]:**~~ If child is covered regardless of student status, standard offer is "Is under age 26".

Explanation of Variables
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This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your [Partner] in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your [Partner]; or

3. Is required to be provided coverage by you or your [Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

[Collection means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.]

[Copayment means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments, are shown in the *Schedule of Benefits*.]

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or

2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or

3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or

4. More than one type of contact lens at a time during any one Frequency period; or

5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

[Class 1] [All Members of the Policyholder who are officers]

[Class 2] [All Members of the Policyholder who are managers or supervisors]

[Class 3] [All Members of the Policyholder] at [location]]

[Class 4] [All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if "Member'

~~**Comment [HRC171]:**~~ Standard offer.

~~**Comment [HRC172]:**~~ Standard offer.

~~**Comment [HRC173]:**~~ Standard definition; definition may be modified to match policyholder's health plan.

~~**Comment [HRC174]:**~~ Standard definition.

~~**Comment [HRC175]:**~~ Standard definition.

~~**Comment [HRC176]:**~~ Standard offer

~~**Comment [HRC177]:**~~ Option, used if classes are listed, exact description is determined by the Policyholder. For example a full time employment, or part time employment, or hourly requirement may be used.

is shown we insure all eligible Members, if 'Partner' is shown we insure the Employee's eligible Partner, and if "Children" is shown we insure all eligible Children.

[Dependent or Dependents means an Employee's:

[1.] [Partner][; or]

[2.] [Child.]]

[Discount means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.]

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

[**Life Event** means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.]

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider's Actual Charge).

[**Partner** means your spouse or domestic partner:

~~**Comment [HRC178]:**~~ Standard offer

~~**Comment [HRC179]:**~~ Standard offer.

~~**Comment [HRC180]:**~~ Standard definition.

~~**Comment [HRC181]:**~~ Standard definition.

~~**Comment [HRC182]:**~~ Optional definition.

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:

    a. are not married or legally separated;
    b. occupy the same residence; and
    c. share household expenses.]

~~**Comment [HRC183]:**~~ Standard definition.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

[Participating Organization means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.]

~~**Comment [HRC184]:**~~ Optional definition.

[Reimbursement means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.]

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;
2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

~~**Comment [HRC185]:**~~ Standard offer, may be removed if dependent coverage is not provided.

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

~~**Comment [HRC186]:**~~ Standard offer; however may be presented a member only, member and dependents or dependents only

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1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

~~**Comment [HRC187]:**~~ Standard offer, may be removed if employee only.

~~**Comment [HRC188]:**~~ Available options:

•Coverage can be applied for at any time – may be employee only or member and dependents.
•Coverage must be applied for within a set time period or applicant must wait until an enrollment period - may be member only or member and dependents.
•Coverage may be applied for within a set time period or the applicant must wait until the next enrollment period or a life event – may be member only or and dependent coverage.
•If coverage has to be applied for within a set period - enrollment will either not be allowed to enroll at any other time; or enrollment will be allowed at other time with a certificate of credible coverage or enrollment did not take place because of other coverage.

~~**Comment [HRC189]:**~~ Standard time frame is 31 days.

~~**Comment [HRC190]:**~~ Standard offer: member /dependent with life event - no credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC191]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC192]:**~~ Option with a life event and a credible coverage requirement; used if coverage has to be applied for within a set time frame with life events.

~~**Comment [HRC193]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC194]:**~~ Option without life event; used if coverage has to be applied for within a set time frame.

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1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within {31 standard:] [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

~~**Comment [HRC195]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC196]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC197]:**~~ Option without enrollment period of life event; used if coverage can be applied for at any time.

~~**Comment [HRC198]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC199]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events.

~~**Comment [HRC200]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC201]:**~~ Option without a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events but without credible coverage requirement.

~~**Comment [HRC202]:**~~ Option – member can enroll for coverage at any time.

~~**Comment [HRC203]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC204]:**~~ If included "date" is the standard offer.

~~**Comment [HRC205]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC206]:**~~ If included "date" is the standard offer.

~~**Comment [HRC207]:**~~ If included standard offer - member/dependent must enroll within a set time frame, change in family status rules apply, active service requirement does not apply.

~~**Comment [HRC208]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC209]:**~~ If included "date" is the standard offer.

~~**Comment [HRC210]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC211]:**~~ If included "date" is the standard offer.

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If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or
2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. The last day of the last period for which premium is paid; or
4. The day he reports for active duty in the armed forces of the United States or any other country; or
5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

[CONTINUATION

[1.] [Family and Medical Leave

Your coverage and your Dependents coverage may be continued during absences for family or medical leave. If you are on a family or medical leave of absence coverage will continue provided any required premium is paid when due and the Policyholder has approved the leave in writing. Coverage will be continued for up to the greater of the leave period required by the federal Family and Medical Leave Act or the leave period required by applicable state law.]

[2.] [Military Leave

If you or one of your Dependents is called upon to serve in the armed forces of the United States that person's coverage will be continued during such absence until he reports for active duty. Coverage continued during a military leave of absence is subject to notifying your Employer of such leave in writing and continued payment of any required premium when due.]

[3.] [Other Layoff or Leave of Absence

~~**Comment [HRC212]:**~~ Option - member /dependent must enroll within a set time frame, change in family status rules does not apply, active service requirement does not apply

~~**Comment [HRC213]:**~~ Optional Provision

~~**Comment [HRC214]:**~~ Optional provision.

~~**Comment [HRC215]:**~~ Option

~~**Comment [HRC216]:**~~ "day" is the standard time frame.

~~**Comment [HRC217]:**~~ "day" is the standard time frame.

~~**Comment [HRC218]:**~~ "day" is the standard time frame.

~~**Comment [HRC219]:**~~ "day" is the standard time frame.

~~**Comment [HRC220]:**~~ Standard may be removed if dependents are not covered.

~~**Comment [HRC221]:**~~ "day" is the standard time frame.

~~**Comment [HRC222]:**~~ Option include if retirees are not covered.

~~**Comment [HRC223]:**~~ Option

~~**Comment [HRC224]:**~~ Option

If you are temporarily laid off or given a leave of absence, other than a military leave or a family or medical leave, your coverage and your Dependents coverage may be continued provided any required premium is paid when due and your Employer has approved the leave in writing. Temporary layoff or leave of absence means you are temporarily absent from work for the period of time that has been agreed to in advance in writing by your Employer. Normal vacation time is not considered a temporary layoff off or leave of absence.]

~~**Comment [HRC225]:**~~ Option

[4.] [COBRA

In general, the Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers, (other than certain church employers) who normally employed at least 20 or more employees in the prior calendar year, to temporarily extend their health care coverage to certain categories of employees and their covered dependents when, due to certain "qualifying events," they are no longer eligible for group coverage. Contact the Policyholder for more information about COBRA and the events that may allow you or your dependents to temporarily extend vision coverage.]]

~~**Comment [HRC226]:**~~ Option

~~**Comment [HRC227]:**~~ Optional benefit

[REINSTATEMENT

[If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.]

~~**Comment [HRC228]:**~~ Standard may be removed if only dependents are covered

[If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.]]

~~**Comment [HRC229]:**~~ Standard may be removed if dependents are not covered.

~~**Comment [HRC230]:**~~ Standard offer

EXCLUSIONS

~~**Comment [HRC231]:**~~ All exclusions are variable and may be removed in their entirety

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to "Corneal Refractive Therapy" ("CRT), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in “Order of Benefit Determination” but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

“Allowable Expense” means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

“Claim Determination Period” means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

a. any plan that has no similar Coordination of Benefits Provision will pay first;
b. the plans that have a Coordination of Benefits Provision will pay as follows:

(1) first, any plan in which the Member is covered other than as a Dependent,
(2) second, any plan in which the Member is covered as a Dependent.

If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

a. if the parent with custody of the child has not remarried, the plans will pay in this order:

(1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

b. if the parent with custody of the child has remarried, the plans will pay in this order:

(1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second, any plan under which the child is covered as the Dependent of the step-parent;
(3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

~~**Comment [HRC232]:**~~ Optional provision.

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

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When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

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Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.
We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefits may be provided by a Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) or on an indemnity reimbursement basis.

The enclosed policy form filing includes the standard variable provisions with an explanatory comment beside the variable - there are several kinds of variables including:

- Standard benefit provisions, which may be removed depending upon the requested plan design.
- Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
- Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
- Benefit provision variations – where alternate provisions are available each variation is bracketed.
- Sequential numbers or letters within a paragraph to show a progression are bracketed for construction purposes.
- Use of an asterisk within brackets "[*]" indicates a name, date, number or class designation (for example in the footer of the certificate a class designation, location or a similar reference may appear as appropriate.
- Text outside of brackets is not considered variable.

Note:

- These forms are submitted in final printed form in 10 point type on 8 ½ by 11 pages. The certificate of insurance may be printed in a booklet format (5 ½ by 8 ½ pages), if requested by the client.
- All exclusions and limitations may be included or deleted in their entirety. Optional wording within the exclusion or limitation is shown in brackets.
- Definitions that do not apply to the benefit description may be deleted in their entirety.
- Entire provisions or a numbered description within a provision may be moved in its entirety to accommodate construction due to system changes.
- The policyholder generally determines eligibility and service waiting periods applicable to their employees, associates, members, etc. and covered dependents. Thus the definition of member, partner, child and children and/or any service waiting period associated with eligibility for benefits may change to reflect the policyholder's personnel practices. We will not agree to a definition, service waiting period or other condition of eligibility that is not applied consistently to all members within a given class.
- We may issue certificates in a foreign language, based on a direct translation of the filed wording.

[Note include as standard – modify for HLNY:}

- [Additional variations not shown in the enclosed policy form may be agreed upon as a result of negotiations between HM Life [of New York] and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.]

[Use if necessary (NY, NC, TN, etc. – check State Guidelines:]

- [Variations not shown in the enclosed policy form will be filed for approval prior to use.]

Explanation of Variables
HM 902-VIS (3/14), ET. AL

We utilize with Davis Vision's Provider Network to provide vision coverage for expenses incurred for vision examinations and materials (frames, lenses, contacts, etc.) for both the preferred provider and exclusive provider options. Davis Vision offers, through its network of providers, the eyewear collections described in the certificate. In-network providers may also use a combination of those eyewear collections or their own eyewear collection. The collections include optional in-network items that are enhancements to standard frames or lenses.

HM Life Insurance Company is part of HM Insurance Group. Both HM Insurance Group & and Davis Vision are subsidiaries of Highmark, Inc.

Forms are issued directly through a group policy. Policy forms will only be issued to eligible groups as defined by applicable law. An electronic copy of the certificate will be forwarded to the policyholder for distribution to eligible members.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

POLICY HMP 902-VIS (3/14)

Policy is presented in an abridged format – certificate provisions are incorporated by reference.

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

GROUP VISION POLICY • NON-PARTICIPATING
THIS POLICY PROVIDES LIMITED BENEFITS

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, TX 78205]
For Customer Service Call: [800-328-4728]

POLICYHOLDER:	**[*]**
POLICY NUMBER:	**[*]**
POLICY EFFECTIVE DATE:	**[*]**
POLICY ANNIVERSARY DATE:	**[*]**
STATE OF ISSUE:	**[*]**
MINIMUM PARTICIPATION REQUIREMENT	[None] Employees
PREMIUM DUE DATE	Policy Effective Date and the first day of each month thereafter
[**RATE PER COVERED PERSON**	[*]]
[RATES PER-	
Employee	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and one Dependent	[*]
Family	[*]]
[RATES PER	
Employee	[*]
Employee and Spouse/Domestic Partner	[*]
Employee and Children	[*]
Family	[*]]
[COMPOSITE RATE	[*]]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the Application for this Policy and the timely [remittance] of premiums, agrees, subject to the terms and conditions of the Policy, to insure the Policyholder's eligible Employees and their eligible Dependents under this Policy.

~~**Comment [HRC1]:**~~ Bracketed for future considerations.

~~**Comment [HRC2]:**~~ Used to identify the policyholder.

~~**Comment [HRC3]:**~~ Used to designated the policy number.

~~**Comment [HRC4]:**~~ Used to designated the policy effective date.

~~**Comment [HRC5]:**~~ Used to designated the policy anniversary date.

~~**Comment [HRC6]:**~~ Used to designate the state where the policy is delivered.

~~**Comment [HRC7]:**~~ "None" is standard "5", "10", "15", "20" or "25" may be substituted.

~~**Comment [HRC8]:**~~ Use with a per member rate basis.

~~**Comment [HRC9]:**~~ Use with a two tier rate basis.

~~**Comment [HRC10]:**~~ Use with a three tier rate basis.

~~**Comment [HRC11]:**~~ Use with a four tier rate basis.

~~**Comment [HRC12]:**~~ Use with a composite rate basis.

~~**Comment [HRC13]:**~~ "remittance" is standard; "payment" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

This Policy is intended to be read in its entirety. We agree to provide the Vision Insurance benefits described in this Policy and the Certificates issued to the Policyholder in consideration of the Policyholder's application, if any, and payment of the initial premium when due.

Insurance coverage begins on the Policy Effective Date shown above as long as the Minimum Participation Requirement is met on that date.

This Policy and the Certificates issued to the Policyholder describe the terms and conditions of Insurance. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all of the provisions of this Policy and the provisions of the Certificates issued to the Policyholder carefully.

This Policy goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the Policyholder's address.

The Certificates issued to the Policyholder go into effect, subject to its applicable terms and conditions, on the later of the Policy Effective Date shown above, or at 12:01 AM on the Certificate Effective Date shown on the cover page of the Certificates issued to the Policyholder at the Policyholder's address.

The laws of the State of Issue shown above govern this Policy and the Certificates issued to the Policyholder. We and the Policyholder agree to all of the terms of this Policy and the Certificates issued to the Policyholder.

[**Schedule of Affiliates**

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies us within [30] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder].

Affiliate Name	**[Effective Date]**
[*]	[*]]

Cancellation

We may cancel this Policy, after the first year as of any [Policy Anniversary Date], by giving the Policyholder [60] days advance written notice. [Except for [non-remittance] of premium we will not cancel this Policy for the initial [12] months this Policy is in force.]

The Policyholder may cancel this Policy at any time by giving us advance written notice. The date of cancellation will be the date specified in such notice or on the last day of the period for which premiums were paid if no date is specified.

The Policyholder is liable to us for any [premium not remitted] for the time this Policy was in force.

If a premium is not [remitted] when due, we will cancel this Policy at the end of the last period for which premium was [remitted], subject to the Grace Period provision. The Premium Due Date is the Policy Effective date shown on the first page of this Policy and the first day of each month thereafter. The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Cancellation of the Policy or a Covered Person's insurance under the Policy will not influence a Covered Person's right to a claim for benefits which arose prior to the cancellation. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of cancellation.

~~**Comment [HRC14]:**~~ "30" is standard – "45", "60 or "90" may be substituted.

~~**Comment [HRC15]:**~~ Standard definition if included; following alternate definition may be substituted:

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

~~**Comment [HRC16]:**~~ Used to add the name of an affiliate

~~**Comment [HRC17]:**~~ Option may be used to add an affiliate off anniversary.

~~**Comment [HRC18]:**~~ Used to add the date the affiliate is effective.

~~**Comment [HRC19]:**~~ Non-standard option – only used if the group has affiliated companies.

~~**Comment [HRC20]:**~~ "Policy Anniversary Date" is standard; "Premium Due Date" may be substituted.

~~**Comment [HRC21]:**~~ "60" is standard "15", "30", "45", "60", "90", "120" or "180" may be substituted.

~~**Comment [HRC22]:**~~ "non-remittance" is standard; "non-payment" may be substituted.

~~**Comment [HRC23]:**~~ "12" is standard; "24" "36" "48" or "60" may be substituted

~~**Comment [HRC24]:**~~ Standard offer - policy will not be terminated except of non-payment of premium for a defined time period.

~~**Comment [HRC25]:**~~ "premium not remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC26]:**~~ remitted" is standard; "paid" may be substituted.

~~**Comment [HRC27]:**~~ remitted" is standard; "paid" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[Effect of Early Termination

If the Policyholder cancels the Policy or a covered class [within [12] months of the Effective Date], then any claim costs, administrative costs, taxes, or other similar items of expense incurred by us or our authorized representative that exceed the premiums paid up to the date of cancellation will be billed directly to the Policyholder.]

Grace Period

1. With Respect to the Policy

   A Grace Period of [31] days will be granted for [remittance] of required premiums due after the first premium, unless:

   a. We do not intend to renew this Policy beyond the period for which premium has been accepted; and

   b. Written notice of our intention not to renew is delivered to the Policyholder at least1 [30] days before the premium is due.

   This Policy will be in force during the Policy Grace Period. If the required premiums are not [remitted] during the Policy Grace Period, Insurance will end on the last day of the [Policy Grace Period] [of the period for which premiums were paid] without further notice to the Policyholder. The Policyholder is liable to us for any [premium that has not been remitted] for the time this Policy was in force during the Policy Grace Period.

2. With Respect to a Covered Person

   If a Covered Person is billed individually a Grace Period of 31 days will be granted for payment of required premiums. A Covered Person's Insurance under this Policy will remain in force during the Individual Grace Period. We will reduce any benefits payable for any claims incurred during the Individual Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Individual Grace Period Insurance will end on the last day of the period for which premiums were paid without further notice to the Covered Person. The Covered Person is liable to us for any unpaid premium for the time the Policy was in force during this period.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates and amounts of Insurance in effect for Members. We will provide notifications of premiums due, when premiums are due and any change in the premium rate, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium for this Policy is the sum of premiums [remitted]:

1. By the Policyholder for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and

2. By Covered Persons who are billed individually.

[The Policyholder has no obligation to pay premium for the coverage provided under this Policy; however, the Policyholder does have an obligation under the Policy to remit premium collected through payroll deduction or otherwise to us at our administrative office on or before the premium due date.]

If the Policyholder does not [remit any premium collected through payroll deduction] when due, this Policy will be cancelled as of the date the unpaid premium was due, except as provided with respect to the Policy in the Grace Period provision.

~~**Comment [HRC28]:**~~ "12" is standard, "24", "36", "48" and "60-"may be substituted..

~~**Comment [HRC29]:**~~ Standard offer; "at any time" or "prior to the next Policy Anniversary Date shown on the cover page of this Policy may be substituted.

~~**Comment [HRC30]:**~~ Standard offer.

~~**Comment [HRC31]:**~~ "31" is standard, "45", "60", or "90" may be substituted.

~~**Comment [HRC32]:**~~ remittance" is standard; "payment" may be substituted.

~~**Comment [HRC33]:**~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~**Comment [HRC34]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC35]:**~~ "premium that has not been remitted" is standard; "unpaid premium" may be substituted.

~~**Comment [HRC36]:**~~ "remitted" is standard; "paid" may be substituted.

~~**Comment [HRC37]:**~~ Option – use if requested when covered is paid for entirely by the member.

~~**Comment [HRC38]:**~~ "remit any premium collected through payroll deduction" is standard, "Pay any premium" may be substituted.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[If a Covered Person billed individually does not pay his premium when due his coverage under this Policy will be cancelled as of the date the unpaid premium was due, except as provided in the Grace Period provision.]

[Retroactive Termination

Retroactive termination of a Covered Person's insurance for any reason other than cancellation of the Policy or a covered class is limited to [60] days from the effective date of such person's Insurance under this Policy or following the next Enrollment Period sponsored by the Policyholder. We may refuse to credit premiums for a retroactively terminated Covered Person if benefits under the Policy have been paid on behalf of, or authorized for such person after the effective date of the request for termination.]

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] days advance written notice to the Policyholder. No change in rates will be made until [48] months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12 month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. The terms of this Policy change;

[2.] [The number of Covered Persons eligible for coverage increases or decreases by more than [15]% since the later of the Policy Effective Date and the date of the last renewal of this Policy;]

[3.] Less than [10] Employees eligible for coverage are insured under this Policy;]

[4.] Coverage is reinstated following failure to pay premium during the Grace Period;

[5.] [Acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [15]% or more the number of eligible individuals;]

[6.] [A change in the number of eligible individuals which would, on a manual rate basis, require a change of [15]% or more in the premium rate;]

[7.] A change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or

[8.] The Policyholder fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being [remitted].

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been [remitted].

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium [paid] [remitted].

[Reinstatement

This Policy may be reinstated within [90] day of the end of the last period for which premium was [remitted] if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to us and [remittance] of all overdue premiums.

Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously [remitted].]

~~Comment [HRC39]:~~ Standard offer, may be removed.

~~Comment [HRC40]:~~ "60" is standard, "30", "45" or "90" may be substituted.

~~Comment [HRC41]:~~ Optional provision, not part of standard offer. Included if retroactive terminations are limited.

~~Comment [HRC42]:~~ "30" is standard, "15", "45", "60", or "90" may be substituted.

~~Comment [HRC43]:~~ "48" is standard, "12', "24", "36" or "60" may be substituted.

~~Comment [HRC44]:~~ 10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC45]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC46]:~~ 15" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC47]:~~ Standard offer, may be removed if minimum participation percentage in none; re-number if removed.

~~Comment [HRC48]:~~ 10" is standard – "5", "15", "20" or "25" may be substituted

~~Comment [HRC49]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC50]:~~ "10" is standard – "5", "10", "20" or "25" may be substituted

~~Comment [HRC51]:~~ Standard offer, may be removed; re-number if removed.

~~Comment [HRC52]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC53]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC54]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC55]:~~ "90" is standard; "60" may be substituted.

~~Comment [HRC56]:~~ remitted" is standard; "paid" may be substituted.

~~Comment [HRC57]:~~ "remittance" is standard; "payment" may be substituted.

~~Comment [HRC58]:~~ "remitted" is standard; "paid" may be substituted.

~~Comment [HRC59]:~~ Optional provision, not part of standard offer.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

Entire Contract; Changes

This Policy, including the application (if any), endorsements, amendments and any attached papers constitutes the entire contract of Insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Fact

If a Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Certificates

We will provide an electronic copy of the Certificate of Insurance to the Policyholder for distribution by the Policyholder to their covered Employees. The Certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his Insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's Insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to us by the Premium Due Date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose Insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's Insurance will not be affected by error or delay in keeping records of Insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

Incorporation

The provisions of the Certificates issued to the Policyholder, all endorsements and riders, and all endorsements and riders issued to amend this Policy after its effective date are made a part of this Policy.

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Effective Date.

President

~~**Comment [HRC60]:**~~ Name of president is considered variable to accommodate future organization changes

Explanation of Variables
HM 902-VIS (3/14), ET. AL

CERTIFICATE HMC 902-VIS (3/14)

Entries for – Policyholder, Participating Organization, Policy Effective Date, Certificate Issue Date, and State of Issue are bracketed; Participating Organization will only be included if affiliated companies are covered.

HM Life Insurance Company
120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Policy.

President

POLICYHOLDER [*]

[PARTICIPATING ORGANIZATION] [*]

POLICY EFFECTIVE DATE: [*]

CERTIFICATE EFFECTIVE DATE: [*]

STATE OF ISSUE: [*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Employee; "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP VISION POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage

[ADMINISTERED BY
Davis Vision, Inc., 175 E. Houston St., San Antonio, Texas 78205]
For Customer Service Call: [800-328-4728]

~~**Comment [HRC61]:**~~ Name of president is considered variable to accommodate future organization changes

~~**Comment [HRC62]:**~~ Used to designate the Policyholder.

~~**Comment [HRC63]:**~~ Nonstandard – used when an affiliate requests a separate evidence of coverage.

~~**Comment [HRC64]:**~~ Used to designate the Participating Organization.

~~**Comment [HRC65]:**~~ Used to designate the Policy Effective Date.

~~**Comment [HRC66]:**~~ Used to designate the effective date of the Certificate.

~~**Comment [HRC67]:**~~ Used to identify the state of issue.

~~**Comment [HRC68]:**~~ Bracketed for future consideration.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

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Comment [HRC69]: Page numbers in the **Table of Contents** are variable and will be system generated.

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Explanation of Variables
HM 902-VIS (3/14), ET. AL

INTRODUCTION

This Certificate is intended to be read in its entirety. In order to understand how benefits are calculated and all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Subject to the terms and condition of the Policy, we agree to provide the benefits described in this Certificate in consideration of the Policyholder's [remittance] of the premium when due [or, if you are being billed directly, your payment of the required premium when due].

WAITING PERIOD

The Waiting Period is the period of time that must elapse from the date you are hired before you or your Dependents are eligible for a benefit payment under the Policy. This period is determined by the Policyholder's personnel practices. We will not pay for benefits received during the Waiting Period. If your coverage ends you may have to satisfy a new Waiting Period in order to become insured again under the Policy. See Reinstatement for exceptions.

COVERED PERSONS

[Member]

[Partner]

[Children]

[Dependents]

~~**Comment [HRC70]:**~~ "remittance" is standard; payment may be substituted.

~~**Comment [HRC71]:**~~ Standard - may be removed if policyholder agrees to continue premium payments for any person being continued due to lay-off, leave, etc. or a retiree:

~~**Comment [HRC72]:**~~ "Member" is considered a common term – employee, named insured, subscriber, associate, participant, beneficiary, retiree, etc. may be substituted for "member"

~~**Comment [HRC73]:**~~ Used when Employee's Spouse and/or Domestic Partner is covered without children; employee must be eligible to enroll or for the Partner to enroll.

~~**Comment [HRC74]:**~~ Used when Dependents] [Children are covered and the Partner is not; employee must be eligible to enroll Dependents] [Children.

~~**Comment [HRC75]:**~~ Included all dependents are covered; employee must be eligible to enroll either the Partner or Dependents] [Children, or for the Partner to enroll Dependents] [Children.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

SCHEDULE OF BENEFITS

Subject to the terms of the Policy benefits are payable per Covered Person as shown in the Schedule of Benefits.

A Covered Person may use the Provider of their choice. There are two types of Providers - those that are part of the Network (In-Network Providers) and those that are not part of the Network (Out-of-Network Providers). The payment of benefits varies depending on the type of Provider chosen.

When services or materials are received from a Provider who is part of the Network, you are responsible for:

[1.] [The Copayment, if a cash payment is due the Provider][; or]

[2.] [If an Allowance is provided - the difference between the Allowance and the Allowable Charge. We will pay the dollar amount of the Allowance or the Allowable Charge, if less]. If the Allowable Charge is less than the Allowance an In-Network Provider may bill you for the difference. Most In-Network Providers will offer an additional discount to help with any overage] [; or].

[3.] [If only a discount is provided - the difference between the discount and the Allowable Charge. If the Allowable Charge is less than the discount we will pay the Allowable Charge. If the Allowable Charge is less than the discounted cost an In-Network Provider may bill you for the difference.]

Benefits for services or materials received from a Provider outside of the Network are shown in terms of the dollar amount we will pay you for that service or material. If you use an Out-of-Network Provider your total responsibility is the difference between the Reimbursement and the Provider's Actual Charge - we will pay the dollar amount of the Reimbursement for that service or material or the Provider's Actual Charge if less. If the Provider's Actual Charge is less than the Reimbursement an Out-of-Network Provider may bill you for the difference.

You not be paid a separate benefit, charged an additional Copayment or incur any additional cost for any item listed as "Included" or "Included – no Copayment".

You not be paid a separate benefit for any item listed as "Included".

[If a Covered Expense is not available through an In-Network Provider within [50] [75] [100] miles of your residence, any Covered Expense incurred from an Out-of-Network Provider will be reimbursed as though they were received from an In-Network Provider.]

~~**Comment [HRC76]:**~~ **Schedule of Benefits -** network options, benefit options and plans may be offered singularly or in combination; standard offer is a plan with in-network and out of network benefits; however a closed network only and out of network only plan may be offered.

Use of brackets in the "Benefits" column of this section indicate one or a combination may be chosen.

Bracketing around a number indicates a number that may be elected. The ranges shown for Copayments are in $1.00 increments beginning at $5.00. "Included No Copayment " indicates a zero Co-payment. The ranges shown for Allowances are in $5.00 increments beginning at either $5.00 or $10.00. The ranges shown for Reimbursements are in $5.00 increments beginning at either $5.00 or $10.00.

In-Network Benefits may be broken out by Vision works, Collection Providers and Non-Collection Providers. Within these option a copayment may be applied, or an allowance given, or an allowance given with an and additional discount provided.

"Allowance" is the maximum dollar amount that will be paid In-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Reimbursement" is the maximum amount that will be paid Out-of-Network, if the Providers charge is less than the allowance we will only pay up to the Providers charge.

"Not Covered" means the service is not part of the benefit description.

In and out of Network benefits may be provided as: exam only, materials only or exam and materials.

Discounts, if offered is not an insured benefit but rather a value added service – discount if offered are either 10%, 20% or 30% with 2o% being the standard offer.

A distinct schedule may be shown for each covered class.

~~**Comment [HRC77]:**~~ Standard offer, used when a copayment is charged – may be removed if the plan does not have any copayments.

~~**Comment [HRC78]:**~~ Standard offer, used when an Allowance for the is shown – may be removed if the plan does not have any copayments.

~~**Comment [HRC79]:**~~ Option – used when only a discount is provided.

~~**Comment [HRC80]:**~~ "50" is standard

~~**Comment [GP81]:**~~ Option, included if requested by the policyholder.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[VISION EXAMINATION]	[Not Covered]	[Not Covered]	[Not Covered]	[Not Covered]	
[Comprehensive Eye Examination	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Comprehensive Eye Examination with prescription change [by 0.50 diopter or a 10 degree shift in axis]	[Included – no Copayment] [[$5-$75] Co-payment] [$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance] [Discount of 0%-30%]	[$10-$200] Reimbursement	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Fundus Photography Examination] [Retinal Imaging]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$10-$500] Allowance]	[[$10-$200] Reimbursement] [Not Covered]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Contact Lenses Evaluation, Fitting and Follow-Up [In lieu of [eyeglasses] [lenses]					[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Standard Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment]	[Not Covered]	[Not Covered]]	
[Standard [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[~~up to~~ [[$10-$200] Reimbursement] [Not Covered]]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC84]:**~~ Vision Exams are a standard offer, "Not Covered" is only used if the plan does not cover exams.

~~**Comment [HRC83]:**~~ Standard offer, heading may be removed if only one type of exam is covered.

~~**Comment [HRC85]:**~~ Standard offer for exam is "Once every 12 months"

~~**Comment [HRC86]:**~~ Standard offer

~~**Comment [HRC87]:**~~ Standard offer if included.

~~**Comment [HRC88]:**~~ If included standard offer is "For each Child once every 12 months".

~~**Comment [HRC89]:**~~ Optional benefit

~~**Comment [HRC90]:**~~ If included standard offer is "Once every 24 months"

~~**Comment [HRC91]:**~~ Optional benefit

~~**Comment [HRC92]:**~~ If included standard offer.

~~**Comment [HRC93]:**~~ If included standard offer is "Once every 24 months".

~~**Comment [HRC94]:**~~ If included standard offer, if both collection and non-collection standard contacts are reimbursed on the same basis only "Standard" is shown.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Specialty Collection]	[[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%] [Not Covered]	[Included – no Copayment] [[$5-$100] Co-payment] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Not Covered]	[Not Covered]]	
[Specialty [Non-Collection]]	[[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$200] Reimbursement] [Not Covered]]]	
[Low Vision					
Comprehensive Evaluation	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Allowance per Evaluation]	[[$10-$600] Reimbursement]	Once every [12-60] months [for each] [Employee][Partner] [Dependent] [Child]
Follow-up Visit	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Allowance per Follow-up Visit]	[[$10-$600] Reimbursement per Follow-up Visit]	[One-Eight] visits every [12-60] months] [for each [Employee] [Partner] [Dependent] [Child]]
[[Visual Display Terminal (VDT)] [Computer Vision Syndrome]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Safety	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[$10-$200] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[VISION MATERIALS					
[Vision Materials Combined]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[Included – no Copayment] [[$5-$75] Co-payment] [[$0-$500] Allowance]	[$10- $500] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC95]:~~ If included standard offer, if both collection and non-collection specialty contacts are reimbursed on the same basis only "Specialty" is shown.

~~Comment [HRC96]:~~ Optional benefit.

~~Comment [HRC97]:~~ If included standard offer is "Once every 60 months".

~~Comment [HRC98]:~~ If included standard offer is "One visit every 12 months".

~~Comment [HRC99]:~~ Optional Benefit

~~Comment [HRC100]:~~ If included standard is "Once every 24 months"

~~Comment [HRC101]:~~ Optional Benefit

~~Comment [HRC102]:~~ If included standard offer is "Once every 24 months"

~~Comment [HRC103R102]:~~ Optional benefit

~~Comment [HRC104]:~~ "Vision Material Combined is an option – standard benefit is a separate lens and frame benefit.

~~Comment [HRC105]:~~ If presented as a combined benefit standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[*Spectacle Lenses – per pair*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] $0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [$0-$600] Allowance]	[$10-$300] Reimbursement]	]
[*Frames*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Priced up to [$10-$300]] [[$0-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[$10-$300] Reimbursement	
[Priced up to $70 Retail]	[Included – no Copayment]	[Included – no Copayment]	[Included – no Copayment]	[Not Covered]	
	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]	[[$5-$50] Co-payment]		

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC106]:**~~ Standard offer is "Once every 24 months"

~~**Comment [HRC107]:**~~ Standard offer is "Once every 24 months".

~~**Comment [HRC108]:**~~ Priced up to $70 Retail" and "Priced above $70 Retail" are options - standard offer is the three frame collections above and non-collection frames with an out-of-network frame benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Priced above $70 Retail]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [Additional discount of [0%-30%] on any overage]	[Not Covered]	]
[Contact Lenses – per pair (only one option available per benefit frequency) [In lieu of [eyeglasses] [lenses]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection [Daily Wear] [Planned Replacement] [Disposable]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage] [Not Covered]	[1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [1-8] [pairs] [boxes] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]
[Non-Collection [Daily Wear] [Planned Replacement] [Disposable]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment] [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[Included – no Copayment]\ [[$5-$100] Co-payment] [[$10-$500] Allowance] [Additional discount of [0%-30%] on any overage] [Discount of 0%-30%]	[[$10-$500] Reimbursement]	]
[Visually Required Contact Lenses – with prior approval	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[Included – no Copayment] [[$5-$100] Co-payment] [[$0-$1,000] Allowance]	[[$10-$1,000] Reimbursement]	]]
[Lens Options – per pair					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Oversize Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC109]:~~ Standard offer.

~~Comment [HRC110]:~~ Standard offer is "Once every 24 months".

~~Comment [HRC111]:~~ Standard offer.

~~Comment [HRC112]:~~ Standard offer.

~~Comment [HRC113]:~~ Standard offer.

~~Comment [HRC114]:~~ Contact lenses in lieu of eyeglasses is a standard offer.

~~Comment [HRC115]:~~ Standard offer is "Once every 24 months".

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Cataract Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[Tint [Solid] or] [Gradient]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [$5-$30] Co-payment] [Allowance]	[-[$0-$300] Reimbursement]	
[Glass-Grey #3 sunglass lenses]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Glass Lenses]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[Included – no Copayment] [$5-$50] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Standard]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [$5-$60] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Resistant Coating] [Premium]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (single vision)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Scratch Protection Plan (multifocal)]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polycarbonate Lenses] [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters)]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[[$0-$300] Reimbursement]	
[[Polycarbonate Lenses] (For covered Dependents] [Children, monocular patients, patients with prescriptions ≥ +/- 6.00 diopters) [Private Label]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$70] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Blended Segment Lenses]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$40] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Intermediate Vision Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$200] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$300] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Progressive Lenses (add on to Bifocal)] [Private Label]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Select Progressive Lenses (add on to Bifocal)] [Brand Names]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Included – no Copayment] [Allowance]	[Included – no Copayment] [$5-$600] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Photochromic Glass Lenses]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Plastic Photosensitive Lenses] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Polarized Lenses]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Standard Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [$ 5-$75] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[[10$-$300] Reimbursement]	
[Premium Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$100] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[Ultra Anti-Reflective (AR) Coating] [Brand Names]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	
[Ultra Anti-Reflective (AR) Coating] [Private Label]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$150] [Co-payment] [Allowance]	[Not Covered]	[Not Covered]	
[High-Index Lenses]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[Included – no Copayment] [$5-$250] [Co-payment] [Allowance]	[[$10-$300] Reimbursement]	]
[Low Vision Aids	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [$10-$1,200] [Lifetime Maximum Allowance for all Aids]	[$10-$600] [Maximum Allowance per Aid] [100-$1,200] [Lifetime Maximum Allowance for all Aids]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[[Visual Display Terminal (VDT) Materials] [Computer Vision Syndrome Materials]					

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC116]:**~~ "Other Lens Options is a standard offer; however ,not all types of lenses within this benefit may be offered.

~~**Comment [HRC117]:**~~ If included "Once every 12 months" is standard.

~~**Comment [HRC118]:**~~ Optional benefit.

~~**Comment [HRC119]:**~~ Either "Visual Display Terminal (VDT) Materials" or "Computer Vision Syndrome Materials" may be used to describe the benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$0-$50] Co-payment]	[Included – no Copayment] [[$0-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[[$10-$300] Reimbursement]	]
[*Spectacle Lenses – per pair]*					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Single Vision]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Bifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Trifocal]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	
[Lenticular]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[Included – no Copayment] [[$5-$200] Co-payment] [or] [[$10-$600] Allowance]	[[$10-$300] Reimbursement]	]
[Safety Materials					

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC120]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC121]:**~~ Optional benefit.

~~**Comment [HRC122]:**~~ "Once every 24 months" is standard.

~~**Comment [HRC123]:**~~ Optional benefit, offered in addition to the standard frame / lens benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Safety *Frames]* [Collection] *[Fashion]* *[Designer]* *[Premier]*	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
(Safety Frames] [Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	
[Safety Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Included – no Copayment] [[$5-$70] [Co-payment]	[Not Covered]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Tint [Solid] [or] [Gradient]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$30] Co-payment] [Allowance]	[Not Covered]	
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	
[Ultraviolet (UV) Coating]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Included – no Copayment] [[$5-$60] Co-payment] [Allowance]	[Not Covered]	
[Side-Shields (fixed or removable)]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance] [Not Covered]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	]
[Laser Vision Correction Surgery					
[Discount]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[[10%-30%] or receive an additional [0%-30%] discount on any advertised specials]	[Not Covered]	

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC124]:**~~ If included "Once every 24 months" is standard.

~~**Comment [HRC125]:**~~ If included "Once every 12 months" is standard.

~~**Comment [HRC126]:**~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network			[Out-of-Network	Benefit Frequency
	[Visionworks	[Collection Providers	[Non-Collection Providers		
[Covered Service]	[[$10-$3,000 Allowance - the Allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[[$10-$3,000 Allowance - the allowance is for [both] [one] eye[s]]	[Not Covered]	[For each] [Employee] [Partner] [Dependent] [Child] Once per lifetime]
[[Eye Health & Wellness Program]					
[Eye Examination]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[Annual] [One additional every [12-24] months]
[Spectacle Lenses – per pair]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Included – no Copayment] [[$5-$75] Co-payment]	[Not Covered]	[If second eye exam identifies a prescription change of +/- 0.50 diopters or greater] [If diagnosed with] [Diabetes] [Glaucoma] [Cataracts] [Macular Degeneration]
[Polycarbonate Lenses]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$70] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Diabetes]
[Plastic Photosensitive Lenses]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Included – 5o Copayment] [$5-$75] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$75] [Co-payment] [Allowance]	[Not Covered]	If diagnosed with] [Cataracts] [Macular Degeneration]
[Standard Progressive Lenses]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$200] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Premium Progressive Lenses]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Included – no Copayment] [[$5-$300] [Co-payment] [Allowance]	[Not Covered]	[If diagnosed with Cataracts]
[Low Vision Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Allowance for all Aids]	[[$10-$600] Allowance per Aid] [[$10-$2,000 Lifetime Maximum Allowance for all Aids]	[Not Covered]	[If diagnosed with Macular Degeneration]]

~~**Comment [HRC82]:**~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~**Comment [HRC127]:**~~ If included "Once per lifetime" is standard.

~~**Comment [HRC128]:**~~ Optional benefit.

~~**Comment [HRC129]:**~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~**Comment [HRC130]:**~~ If included "One additional every 24 months" is standard.

~~**Comment [HRC131]:**~~ If included standard offer.

~~**Comment [HRC132]:**~~ If included standard offer.

~~**Comment [HRC133]:**~~ If included standard offer.

~~**Comment [HRC134]:**~~ If included standard offer.

~~**Comment [HRC135]:**~~ If included standard offer.

~~**Comment [HRC136]:**~~ If included standard offer.

~~**Comment [HRC137]:**~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

Benefit	[In-Network [Visionworks	[Collection Providers	[Non-Collection Providers	[Out-of-Network	Benefit Frequency
[Vision Exam/Vision Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	[For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Examination Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$500] Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Material Allowance]	[[$10-$500] Allowance]	[[$10-$500] [Allowance]	[[$10-$500] [Allowance]	[[$10-$300] Reimbursement]	For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months]
[Bundled Benefit					
[Frames]					For each] [Employee] [Partner] [Child] [Dependent] [Once] [Twice] every [12[[24] months
[Collection] [Fashion] [Designer] [Premier]	[Included – no Copayment] [[$5-$50] Co-payment] [Not Covered]	[Included – no Copayment] [[$5-$50] Co-payment]	[Not Covered]	[Not Covered]	
[Non-Collection]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Included – no Copayment] [[$5-$50] Co-payment] [[$10-$300] Allowance] [Additional discount of [0%-30%] on any overage]	[Not Covered]	[Not Covered]	]

[Davis Vision Collection
[In lieu of the frame allowance, Covered Persons may choose to select any frame from the Davis Vision's Collection. The Collection is available at most participating independent provider offices and features three levels of frames.]

[In lieu of the non-collection contact lens allowance, members may be fitted with contact lenses from the Davis Vision collection. Contact lenses from the Davis Vision collection include the evaluation, fitting and follow-up care.]

[Examination
An Exam or Eye examination includes (but is not limited to):

- Case history – chief complaint, eye and vision history, medical history
- Entrance distance acuities

~~Comment [HRC82]:~~ In-Network options - "Visionworks" "Collection Providers" and "Non-Collection Providers" are included if more than one is available. These may be offered to the same class of employees or group.

~~Comment [HRC138]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC139]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC140]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC141]:~~ Optional benefit

~~Comment [HRC142]:~~ If included "Once every 24 months" is standard.

~~Comment [HRC143]:~~ Optional frame benefit.

~~Comment [HRC144]:~~ Standard in-network offer if collection contact lenses are covered.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

- External ocular evaluation including slit lamp examination
- Internal ocular examination
- Tonometry
- Distance refraction – objective and subjective
- Binocular coordination and ocular motility evaluation
- Evaluation of pupillary function
- Biomicroscopy
- Gross visual fields
- Assessment and plan
- Advising on matters pertaining to vision care
- Form completion – school, motor vehicle, etc.
- {Dilated Fundus Examination (DFE) (diagnostic procedure used in the detection and management of diabetes, glaucoma, hypertension and other ocular and/or systemic diseases) when professionally indicated.]

~~Comment [HRC145]:~~ Standard offer.

[Visually Required Contact Lenses
Visually Required contact lenses will only be covered when the treating provider has determined that a Covered Person has a "chronic visual disturbance." For the purposes of this section, chronic visual disturbance means a physiologic change in a Covered Person's vision either innate or acquired that inhibits the Covered Person's ability to achieve functional vision with spectacles such that an Visually Required contact lens is required to achieve the minimum functional vision needed to carry out normal daily activities. Chronic visual disturbance may include the following conditions: [Keratoconus][,] [Myopia, progressive or malignant][,] [Hyperopia][,] [Anisometropia][,] [Aniseikonia][,] [Aphakia][,] [Aniridia] [or] [Irregular Astigmatism].

~~Comment [HRC146]:~~ All conditions are standard.

Visually Required contact lenses are available only if the treating provider sends a completed request and supporting documentation showing a diagnosis of one of the foregoing conditions to Davis Visio before the lenses are initially ordered. The Visually Required contact lenses are subject to the maximum benefit allowance per frequency period. The Covered Person's benefit is paid in full up to the maximum allowance during each frequency period. Any amount due over the allowance for such lenses during the frequency period is the Covered Person's responsibility.

Visually Required contact lenses are subject to prior approval. If advance approval for the initial Visually Required contact lenses is not obtained, the standard contact lens benefit may be applied if available. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC147]:~~ Standard offer.

[Contact lens evaluation [,] [and] [fitting] [and follow-up care] applies to standard daily wear, disposable, planned replacement [,] [and] [specialty] [and the Visually Necessary] contact lens benefit.]

~~Comment [HRC148]:~~ Standard offer.

[Low Vision Program
Low vision is a significant loss of vision, but not total blindness. Ophthalmologists and optometrists specializing in low-vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the Covered Person's remaining useable vision.

A comprehensive low vision evaluation is performed in addition to an eye examination when the eye examination indicates a need for such an evaluation. This supplemental evaluation includes a history of functional difficulties that involves daily activities. The result of this evaluation may include prescription of various treatments options, including low vision aids, as well as assist the Covered Person with identifying other resources for vision and lifestyle rehabilitation.

The Low Vision Program is available [both] in[-] [and out of] network and is subject to prior approval. A completed request must be sent to Davis Vision prior to the initial evaluation. Once approved, a Covered Person is eligible for a comprehensive low vision evaluation and follow-up visits up to the maximum for such evaluation and visits shown above. Low vision aids will be provided as prescribed up to the maximum per aid, subject to the lifetime maximum for all aids shown above. Any amount due over the allowance above for an evaluation, follow-up visits or aids is the Covered Person's responsibility. If the required approval is not obtained, no benefits will be paid for any such evaluation, follow-up visits or aids and the entire change for such services or supplies will be the Covered Person's responsibility. This limitation will not apply if it is shown that it was not reasonably possible to submit the request for approval.]

~~Comment [HRC149]:~~ Standard offer if included is in-network only.

~~Comment [HRC150]:~~ Optional benefit.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

[Safety Program}
This program is used to evaluate a person's vision to determine the most suitable eyewear for improved job performance. The Safety Frame Collection is available at most participating independent provider offices and features three levels of frames.

All ranges of prescriptions and sizes, plus oversize lenses, tinting, scratch resistant coating, polycarbonate lenses, and ultraviolet coating are included in the Safety Program.

The Safety Frame Collection meets or exceeds the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

Polycarbonate lenses meet or exceed the Z87.1 American National Standards Institute (ANSI) and the requirements of the Occupational Safety and health Administration (OSHA) for impact resistance.]

~~Comment [HRC151]:~~ Optional benefit.

[Laser Vision Correction Surgery
Laser vision correction is a surgical procedure to correct vision problems such as nearsightedness, farsightedness and astigmatism. Such procedures include Laser Epithelial Keratomileusis (LASEK), Laser in Situ Keratomileusis (LASIK), and Photorefractive Keratectomy (PRK).

Approval must be obtained prior to surgery to receive the discount. A completed request must be sent to Davis Vision prior to the initial evaluation. If the required approval is not obtained, the entire charge for the services will be the Covered Person's responsibility.

Surgery must be performed within [one – twelve] months of the preoperative examination. If a Covered Person does not obtain the surgery within this time period, another pre-operative examination is necessary at the cost of the Covered Person.]

~~Comment [HRC152]:~~ Optional benefit.

[[Eye Health & Wellness Program]
The Eye Health & Wellness Program helps manage eye diseases related to [diabetes][,] [macular degeneration][,] [glaucoma] [and] [cataracts]. Participation in the Eye Health & Wellness Program is subject to prior approval. To participate in the program a completed request must be sent to Davis Vision.]

~~Comment [HRC153]:~~ If included "Eye Health and Wellness Program" is standard, optional headings are "Diabetic Outreach Program" and Eye Health Correction Program"

~~Comment [HRC154]:~~ Optional benefit.

[Replacement Contact Lens Program
A Covered Person is eligible for Davis Vision's contact lens replacement program. This mail-order program, [Lens 1-2-3!®], provides a discount on contact lens replacement materials. To take advantage of this service either call [1-800-LENS123] or visit {www.lens123.com} with a current prescription.]

~~Comment [HRC155]:~~ Value added service, not an insured benefit.

[Eyeglass Warranty
Davis Vision provides a breakage warranty to repair or replace any Collection frame and/or lens(es) for a period of one year from the date of delivery. This warranty applies to eyeglasses (spectacle lenses, frames from the Davis Vision frame Collection and frames obtained from a national retail chain that is part of Davis Vision's Provider Network where the Davis Vision frame Collection is not displayed).]

~~Comment [HRC156]:~~ Value added service, not an insured benefit.

[Ancillary Product Discount
[A Covered Person will receive up to a [10%-30%] courtesy discount from most in-network providers. This discount applies to the purchase of items that the Policy either does not cover or which a Covered Person is not eligible for. Disposable contact lenses are available at a [10%-30%] discount.]

~~Comment [HRC157]:~~ Value added service, not an insured benefit. Standard discount if offered is 20%.

[At Wal-Mart, Sam's Club and Costco locations a Covered Person will receive the full allowance toward the location's everyday low pricing. No additional discounts are available at Wal-Mart, Sam's Clubs or Costco locations.]

~~Comment [HRC158]:~~ Standard offer.

Explanation of Variables
HM 902-VIS (3/14), ET. AL

DEFINITIONS

Please note that certain words used in this certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means the person is either:

1. At work on one of the their scheduled work days and is performing his regular duties on a scheduled basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;

2. On a scheduled holiday, vacation day or period of Employer-approved paid leave of absence provided the person was in Active Service on the preceding scheduled workday.

A person is not considered in Active Service if he is:

1. An in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a person's ability to perform his regular duties on a scheduled basis; or

2. Confined at home under a Physician's care.

Affiliate or Affiliated means a company or organization that is subsidiary to, affiliated with or controlled by the Policyholder.

Affiliate or Affiliated means a company or organization that is a member of the same controlled group of corporations, or trades or business under common control, as described for employee benefits taxation purposes in the Internal Revenue Code.

Allowance means a flat dollar amount payable under the Policy towards a Covered Expense from an In-Network Provider. Allowances are shown in the *Schedule of Benefits*. If the Providers charge is less than the Allowance we will only pay up to the Providers charge.

Child or Children means your or your Partner's unmarried natural or unmarried step Child who:

[a.] is under age [19] [23] [25] [26] [30][; or
b. is unmarried, under age [23] [25] [26] [30] and attends an accredited educational institution as a full-time student.

If your Child becomes incapable of self-support due to a developmental disability or physical handicap before reaching the limiting age his coverage may be continued. To continue the Child's coverage we must receive proof of incapacity within 31 days after coverage would otherwise terminate.

This Insurance will continue for as long as the Employee's [Insurance stays in force] [remains eligible] and the Child remains incapacitated. Additional proof may be required from time to time but not more often than once a year.

This term includes a Child who:

1. Is living with you or your [Partner] in a parent Child relationship; or

2. Is adopted by or placed for adoption with, or is party in a suit for adoption by, you or your [Partner]; or

3. Is required to be provided coverage by you or your [Partner] under the terms of a Qualified Medical Child

~~Comment [HRC159]:~~ Bracketed definitions may be removed when not necessary to support the benefit description.

~~Comment [HRC160]:~~ Optional definition.

~~Comment [HRC161]:~~ Optional definition.

~~Comment [HRC162]:~~ Optional definition

~~Comment [HRC163]:~~ Standard definition.

~~Comment [HRC164]:~~ Standard offer.

~~Comment [HRC165]:~~ Standard offer.

~~Comment [HRC166]:~~ Standard offer; standard age limitation is to age 19 if not a full time student.

~~Comment [HRC167]:~~ Standard offer; standard age limitation is full time student under age 23.

~~Comment [HRC168]:~~ If child is covered regardless of student status, standard offer is "Is under age 26".

~~Comment [HRC169]:~~ Standard offer.

~~Comment [HRC170]:~~ Standard offer.

Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

Comment [HRC171]: Standard definition; definition may be modified to match policyholder's health plan.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Collection means Davis Vision's frame or contact lens collection shown in the Schedule of Benefits.

Comment [HRC172]: Standard definition.

Copayment means the amount a Covered Person is required to pay to the Provider prior to an eye examination or toward the cost of Materials. Copayments, are shown in the *Schedule of Benefits*.

Comment [HRC173]: Standard definition.

Covered Expense means the benefits listed in the *Schedule of Benefits.* The term "Covered Expense" or "Covered Expenses" does not include:

1. Any services or materials that are not listed in the *Schedule of Benefits*; or

2. Any services or materials shown as "Not Covered" in the *Schedule of Benefits*; or

3. An additional exam, frame, pair of spectacle lenses or contact lenses for which you have already received either an "In-Network Benefit" or an "Out-of-Network Benefit" during any one Frequency period; or

4. More than one type of contact lens at a time during any one Frequency period; or

5. The fitting and follow-up care or adjustments to eyeglasses (frames and spectacle lenses - including Additional In-Network Items) or contact lenses (including evaluation, fitting and follow-up care) if vision correction is not recommended by a Provider following an eye examination.

Dependent or Dependents means an Employee's:

[1.] [Partner][; or]

Comment [HRC174]: Standard offer

[2.] [Child.]

Comment [HRC175]: Standard offer.

Comment [HRC176]: Standard definition.

Discount means the percentage that an In-Network Provider has agreed to reduce his charge by for the requested service, material or procedure. Discounts are shown in the *Schedule of Benefits*. Discounted vision services, materials, supplies and treatments described in the *Schedule of Benefits* are not underwritten by us.

Comment [HRC177]: Standard definition.

Member means a person:

[1.] Who is employed by the Policyholder as either an associate or employee; and
[2.] Who works the minimum number of hours to be eligible for the benefits provided by the Policy as determined by the Policyholder; and
[3.] Who is in a Covered Class; or
[4.] Who is member of an organization controlled by the Policyholder.

Covered Class or Covered Classes means [either all Members or a subset of such Members distinguished in such a way to be considered in the same situation, such as by job title, number of hours worked, location or employment status who are eligible for the benefits provided by this Policy. Covered Classes are determined by the Policyholder]

Comment [HRC178]: Standard offer

[Class 1] [All Members of the Policyholder who are officers]

[Class 2] [All Members of the Policyholder who are managers or supervisors]

[Class 3] [All Members of the Policyholder] at [location]]

[Class 4] [All Members of the Policyholder retired from active service]

[Class 5] [All other Employees of the Policyholder].]

~~**Comment [HRC179]:**~~ Option, used if classes are listed, exact description is determined by the Policyholder. For example a full time employment, or part time employment, or hourly requirement may be used.

Enrollment Period means a period of time agreed upon by the Policyholder and us or our authorized representative during which a Member may apply for insurance.

Frequency means the time period shown in the *Schedule of Benefits* during which you are eligible for the Covered Expenses shown in the *Schedule of Benefits*. This time period is measured from the date of your last eye examination or the date you received the eyeglasses, fame or spectacle lenses or contact lenses.

He, him or his means an individual, male or female.

In-Network Provider means a Provider who has entered into a contract with us or our authorized representative to provide eye examinations and/or materials on an Allowable Charge basis. These Providers are part of our or our authorized representatives Network and will not bill you for more than:

1. The Copayment; or
2. Any difference between the Allowance and the amount he agreed to as total reimbursement (the Allowable Charge).

Insurance means the group vision care insurance provided to you and your Dependents, if any, under the Policy.

Life Event means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your child; (4) the death of your child; (5) a change in the employment status of your spouse; or (6) a change in your employment status.

~~**Comment [HRC180]:**~~ Optional definition.

Materials means frames and lenses provided to a Covered Person for ophthalmic correction under the terms and conditions of the Policy.

Covered Person or Covered Persons means a person covered by this Policy. The types of Covered Persons insured under the Policy are shown under *Covered Persons* in the *Schedule of Benefits.* For example, if "Member' is shown we insure all eligible Members, if 'Partner' is shown we insure the Employee's eligible Partner, and if "Children" is shown we insure all eligible Children.

Network means a group of Providers who have entered into a contract with us or our authorized representative to provide eye examinations and/or materials on a Scheduled Fee basis. Available Networks are shown in the *Schedule of Benefits.*

Out-of-Network Provider means Providers of optometric services who have *not* entered into a contract with us or our authorized representative to provide vision care services. An Out-of-Network Provider may bill you for the difference between the Reimbursement and his total charge (the Provider's Actual Charge).

Partner means your spouse or domestic partner:

1. By marriage; or
2. By a union between two adults having the effect of marriage that is recognized by law in the state where you reside; or
3. By a mutual agreement, recognized by the Policyholder, between two consenting adults who:

    a. are not married or legally separated;
    b. occupy the same residence; and
    c. share household expenses.

~~**Comment [HRC181]:**~~ Standard definition.

Visually Required means a service, supply or treatment which is:

1. Ordered by a Provider;

2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Provider means a practitioner who is a legally qualified professional providing eye examinations, refractive and/or post-refractive services and surgery within the scope of their license. This term includes an ophthalmologist, an optometrist, an optician or a surgeon recognized as such in accordance with the laws of the State in which the services are provided**.** The Policy recognizes two categories of Providers; In-Network Providers and Out-of-Network Providers. Refer to these definitions for further information.

This term does not include:

1. A person employed or retained by the Policyholder;
2. A person living in the Covered Person's household; or
3. A parent, sibling, spouse, domestic partner or child of the Covered Person.

Provider's Actual Charge means the total amount charged by a Provider for a Covered Expense.

Policyholder means the entity shown on the cover page of this Certificate.

Participating Organization means the entity shown on the cover page of this Policy. Such entity must be an Affiliate or Affiliated with the Policyholder.

~~**Comment [HRC182]:**~~ Optional definition.

Reimbursement means a flat dollar amount payable under the Policy towards a Covered Expense from an Out-of-Network Provider. Reimbursement levels are shown in the *Schedule of Benefits*. If the Providers charge is less than the Reimbursement we will only pay up to the Providers charge.

Allowable Charge means the amount negotiated between an In-Network Provider and us or our authorized representative as full payment for a Covered Expense shown in the *Schedule of Benefits* received or purchased by a Covered Person.

Average Retail Price means The charge made by other Providers rendering or furnishing vision care, treatment or supplies within the same geographic area.

We will base our determination of the retail price within a geographical area on a study or survey done to determine such charges. Consideration will be given to the nature and severity of the condition being treated including any complications which require additional time, skill, treatment or expertise.

~~**Comment [HRC183]:**~~ Optional definition.

ELIGIBILITY REQUIREMENT

You and are eligible for coverage under the Policy provided:

1. You meet the applicable definition shown in *Definitions*; and

2. You have completed the Waiting Period, if any, shown in the *Schedule of Benefits*.

[Your Dependents are eligible for coverage under the Policy provided both you and your Dependents meet the applicable definition shown in *Definitions.*

No person is eligible for insurance under this Policy as both a Member and Dependent at the same time. If both Partners are eligible as a Member one but not both may elect Dependent coverage.]

~~**Comment [HRC184]:**~~ Standard offer, may be removed if dependent coverage is not provided.

EFFECTIVE DATE

[You] [and] [your eligible Dependent's] insurance becomes effective on the date:

~~**Comment [HRC185]:**~~ Standard offer; however may be presented a member only, member and dependents or dependents only

1. A completed and approved enrollment form, if any, is submitted for the person or persons to be insured; and

2. The required contribution for the person or persons to be insured has been submitted by your Employer or the required premium for the person or persons to be insured has been paid by you.

[A newborn Dependent child is automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. A child adopted by you or your Partner, or placed for adoption with, or who is a party in a suit for adoption with you or your Partner is covered automatically provided we receive notification

1. If a newborn within 31 days after the Child's birth; or

2. If not a newborn within 31 days after the date of adoption, date of placement for adoption or the date the Child becomes a party in a suit for adoption by you or your Partner.

A Child required to be provided coverage by you or your Partner under the terms of a Qualified Medical Child Support Order (QMCSO) is covered automatically from the date stipulated in the judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609a).]

APPLYING FOR COVERAGE

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage;

2. During an Enrollment Period; or

3. Within 31 days of a Life Event.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time. If you do not enroll yourself or your Dependent when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may only apply for coverage on yourself or your Dependents during the following periods:

1. Within [31] [45] [60] [90] days after the date you are or your Dependent is first eligible for coverage; or

~~**Comment [HRC186]:**~~ Standard offer, may be removed if employee only.

~~**Comment [HRC187]:**~~ Available options:

•Coverage can be applied for at any time – may be employee only or member and dependents.
•Coverage must be applied for within a set time period or applicant must wait until an enrollment period - may be member only or member and dependents.
•Coverage may be applied for within a set time period or the applicant must wait until the next enrollment period or a life event – may be member only or and dependent coverage.
•If coverage has to be applied for within a set period - enrollment will either not be allowed to enroll at any other time; or enrollment will be allowed at other time with a certificate of credible coverage or enrollment did not take place because of other coverage.

~~**Comment [HRC188]:**~~ Standard time frame is 31 days.

~~**Comment [HRC189]:**~~ Standard offer: member /dependent with life event - no credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC190]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC191]:**~~ Option with a life event and a credible coverage requirement; used if coverage has to be applied for within a set time frame with life events.

~~**Comment [HRC192]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC193]:**~~ Option without life event; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC194]:**~~ If included standard time frame is 31 days.

2. During an Enrollment Period.

You cannot apply for coverage on yourself or your Dependents at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll yourself or your Dependents when *first eligible* you and/or your Dependents will be considered a Late Entrant.]

[You may apply for coverage on yourself or your Dependents at any time.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time, unless you have a certificate of credible coverage from another vision plan, or did not apply when *first eligible* because of other vision coverage. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may only apply for coverage during the following periods:

1. Within [31] [45] [60] [90] days after the date you are first eligible for coverage; or

2. During an Enrollment Period.

You cannot apply for coverage at any other time. If you do not enroll when *first eligible* you will be considered a Late Entrant.]

[You may apply for coverage at any time.]

[LATE ENTRANTS

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period or a Change in Family Status to enroll himself or his Dependents.

[A person who meets the *Eligibility Requirement* will be considered a late entrant if the Member:

1. Does not apply for his insurance or the Dependent's insurance within [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible; or

2. Elects coverage on himself and/or his Dependents within {31 standard:] [31] 45] [60] [90] days of the [first day of the month following the] [date] he or that Dependent is *first* eligible and subsequently voids such coverage within that time period.

If a Member does not apply for his insurance or Dependents insurance when he or his Dependent is *first* eligible he must wait until the Policyholder's next Enrollment Period to enroll himself or his Dependents.

~~**Comment [HRC195]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame.

~~**Comment [HRC196]:**~~ Option without enrollment period of life event; used if coverage can be applied for at any time.

~~**Comment [HRC197]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC198]:**~~ Option with a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events.

~~**Comment [HRC199]:**~~ If included standard time frame is 31 days.

~~**Comment [HRC200]:**~~ Option without a credible coverage requirement; used if coverage has to be applied for within a set time frame without life events but without credible coverage requirement.

~~**Comment [HRC201]:**~~ Option – member can enroll for coverage at any time.

~~**Comment [HRC202]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC203]:**~~ If included "date" is the standard offer.

~~**Comment [HRC204]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC205]:**~~ If included "date" is the standard offer.

~~**Comment [HRC206]:**~~ If included standard offer - member/dependent must enroll within a set time frame, change in family status rules apply, active service requirement does not apply.

~~**Comment [HRC207]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC208]:**~~ If included "date" is the standard offer.

~~**Comment [HRC209]:**~~ If included 31 days is the standard time frame.

~~**Comment [HRC210]:**~~ If included "date" is the standard offer.

~~**Comment [HRC211]:**~~ Option - member /dependent must enroll within a set time frame, change in family status rules does not apply, active service requirement does not apply

~~**Comment [HRC212]:**~~ Optional Provision

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[ACTIVE SERVICE REQUIREMENT

If a person is not in Active Service on the date he would otherwise have become insured, coverage on that person will become effective on the day following the date he returns to Active Service.]

~~Comment [HRC213]:~~ Optional provision.

TERMINATION OF INSURANCE

[Please read the *Continuation of Insurance* section of this Policy for information on continuation after eligibility for coverage would otherwise end.]

~~Comment [HRC214]:~~ Option

The insurance on a Covered Person will end on the earliest date below:

1. The [day] [first of the month following] the date this Policy or insurance for a Covered Class is terminated; or
2. The [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. The last day of the last period for which premium is paid; or
4. The day he reports for active duty in the armed forces of the United States or any other country; or
5. The end of any period of continuation, as provided by the Policyholder's personnel practices; or

[6. With respect to a Dependent, the [day] [first of the month] [last day of the calendar year] following the date of the death of the Member or the [day] [first of the month] [last day of the calendar year] following the date the Dependent is no longer in a Covered Class or satisfies eligibility requirements under this Policy]; or]

[7. The [day] [first of the month] last day of the calendar year] following the date the Employee retires from active service with the Policyholder.]

Termination will not affect a claim for benefits incurred while coverage was in effect.

~~Comment [HRC215]:~~ "day" is the standard time frame.

~~Comment [HRC216]:~~ "day" is the standard time frame.

~~Comment [HRC217]:~~ "day" is the standard time frame.

~~Comment [HRC218]:~~ "day" is the standard time frame.

~~Comment [HRC219]:~~ Standard may be removed if dependents are not covered.

~~Comment [HRC220]:~~ "day" is the standard time frame.

~~Comment [HRC221]:~~ Option include if retirees are not covered.

REINSTATEMENT

If insurance ends because you become a full time member of the armed forces of the United States you will not have to satisfy any applicable Waiting Period provided you re-enroll yourself and your Dependents and return to Active Service after you leave active military service within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll yourself and your Dependents within 31 days of the date you return to Active Service from a military leave you must wait until the next Enrollment Period or a Life Event to enroll.

~~Comment [HRC222]:~~ Standard may be removed if only dependents are covered

If a Dependent's insurance ends because he becomes a full time member of the armed forces of the United States that person may be re-enrolled if eligible provided he is re-enrolled within the applicable time period specified in the Uniform Services Employment and Reemployment Rights Act (USERRA). If you do not re-enroll this person within 31 days you must wait until the next Enrollment Period or a Life Event to enroll this person.

~~Comment [HRC223]:~~ Standard may be removed if dependents are not covered.

EXCLUSIONS

~~Comment [HRC224]:~~ Standard offer

~~Comment [HRC225]:~~ All exclusions are variable and may be removed in their entirety

Benefits will not be paid for, and the term "Covered Expenses" will not include charges arising from:

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[1.] [Any Covered Expense not shown in the *Schedule of Benefits* or any expenses shown as "Not Covered" in the Schedule of Benefits.]

[2.] [Eye examinations required by an employer as a condition of employment except, as otherwise provided under the Safety Program.]

[3.] [Services or materials provided in connection with special procedures such as orthoptics and visual training (including but not limited to "Corneal Refractive Therapy" ("CRT), or "orthokeratology"), or in connection with medical or surgical treatment (including laser vision correction) except as provided herein.]

[4.] [Materials which do not provide vision correction, except as provided herein.]

[5.] [Charges for the replacement of lost or stolen lenses or frames within the applicable benefit frequency period in the *Schedule of Benefits*.]

[6.] [Sickness or injury covered by a workers' compensation act or other similar legislation.]

[7.] [Incurred as a direct or indirect result or war (declared or undeclared).]

[8.][Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.]

[9.][Services or supplies furnished to a Covered Person before the effective date of his Insurance under the Policy or after the date a Covered Person's Insurance ends.]

[10.][Any medical treatment rendered outside the United States or Canada.]

[11.][Services rendered by practitioners who do not meet the definition of Provider.]

[12.]Expenses covered by any other group insurance.]

[13.][Expenses covered by a health maintenance organization or hospital or medical services prepayment plan available through an employer, union or association]

[14.][Any expenses covered by any union welfare plan or governmental program or a plan required by law.]

[15.][Comprehensive low vision evaluations, subsequent follow-up visits following such evaluation or low vision aids for which prior approval was not obtained from us or our authorized representative.]

[16.][For Visually Required contact lenses prescribed for a Covered Person for which prior approval was not obtained from us or our authorized representative.]

[17.][Laser vision correction for which prior approval was not obtained from us or our authorized representative.]

[18.] [Refraction-only claims.]

[COORDINATION OF BENEFITS

Coordination of Benefits ("COB") applies when a Member has vision coverage under more than one plan. If a Member is also covered under another plan, we will coordinate the payment benefits under the Policy with the other plan so as to prevent duplicate payments for any Allowable Expense. Each plan will pay benefits in the order described in "Order of Benefit Determination" but will not pay more than the remaining unreimbursed Allowable Expenses Incurred during the Claim Determination Period. This considers all benefits that a plan paid or would have paid had a claim been filed.

"Allowable Expense" means a necessary, reasonable and customary item of expense for any expense which is covered at least in part by the Policy. This term does not include a service, supply, or treatment which is not

covered by the Policy. When a benefit is provided in the form of services, the reasonable cash value of each service rendered will be considered both an allowable expense and benefit paid.

"Claim Determination Period" means a full or partial Plan Year during which the Member on whom a claim is based is covered under our Policy.

1. Order of Benefit Determination

If a Member is covered under the Policy and one or more other plans at the same time, the plans will pay benefits in this order:

a. any plan that has no similar Coordination of Benefits Provision will pay first;
b. the plans that have a Coordination of Benefits Provision will pay as follows:

(1) first, any plan in which the Member is covered other than as a Dependent,
(2) second, any plan in which the Member is covered as a Dependent.

If the Member is covered as a Dependent under two or more plans, the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs earlier in a calendar year will pay before the plan in which the Member is a Dependent of a person whose date of birth, excluding year of birth, occurs later in the Calendar Year.

Other rules apply if a claim is made for a Covered Dependent child whose parents are separated or divorced:

a. if the parent with custody of the child has not remarried, the plans will pay in this order:

(1) first - any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second - any plan under which the child is covered as a Dependent of the parent who does not have custody.

b. if the parent with custody of the child has remarried, the plans will pay in this order:

(1) first, any plan under which the child is covered as a Dependent of the parent who has custody;
(2) second, any plan under which the child is covered as the Dependent of the step-parent;
(3) third, any plan under which the child is covered as the Dependent of the parent who does not have custody.

These rules do not apply when a court decree fixes the responsibility for the health care cost of a child whose parents have separated or divorced. Any plan under which the child is covered as the Dependent of a parent with this legal responsibility will always pay first. If the above rules do not apply, the plan which has covered the Member for the longest continuous period of time will determine its benefits first followed by the next succeeding plan. However, if the Member upon whom a claim is based is a laid off or retired Employee or a Covered Dependent, the plan (if any) providing coverage as such will be determined after the benefits of any other plan covering the Member as an active Employee.

2. Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Member. Any Member claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

3. Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

4. Right to Recovery

   We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Member for whom the payments were made. It can also be from any other insurance company or organization.]

~~**Comment [HRC226]:**~~ Optional provision.

CLAIM PROVISIONS

In-Network

A Covered Person must contact an In-Network Provider before receiving services for a Covered Expense. The In-Network Provider will verify his eligibility for Covered Expenses with us or our authorized representative before the examination takes place. The Provider will submit Covered Person's claim directly to us or our authorized representative.

Out-of-Network

When a Covered Person uses an Out-of-Network Provider he must first pay the billed charge and then submit a claim.

1. Notice of Claim - written or authorized electronic/telephonic notice of claim must be given to us within 20 days after a Covered Expense is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative. Notice should include the Policyholder's name and the Covered Person's name, address, Policy and Policy Number.

2. Claim Forms - we will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not provided within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

3. Proof of Loss - written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized representative within 90 days of the loss for which claim is made.

   If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

4. Payment of Claims - we will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

   All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

   If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage that we believe is equitably entitled. Any

payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Right to Receive and Release Needed Information

We have the right to obtain or give information needed to coordinate benefit payments with other plans. This can be from or to any other insurance company, organization or person, subject to the consent of the Covered Person. Any Covered Person claiming benefits must furnish us with the necessary information needed to coordinate benefit payments.

Right to Make Payments

We have the right to pay any other organization, as needed, to properly carry out this provision. Any such payments made in good faith are considered benefits paid under the Policy, and fully discharge our liability, to the extent of such payments.

Right to Recovery

We have the right to retrieve any excess amounts that may have been paid out should they exceed the provisions of the Policy. This can be from the Covered Person for whom the payments were made. It can also be from any other insurance company or organization.

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Review

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;

2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;

3. A description of the additional information needed to support your claim;

4. Information concerning your right to request that we review our decision; and

5. A description of our review procedures, time limits and notice of your right to bring civil action.

This request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or

3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

Claimant Cooperation

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Administration

The Policyholder has given us the authority to review claims for the benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of the Policy, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no responsibility with respect to the administration of the benefit provided by this Policy except as described above. It is understood that our sole liability to the Policyholder and Covered Persons under the Policy shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

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Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.

2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

ADMINISTRATIVE PROVISIONS

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits.* The Policyholder has the sole responsibility to notify Covered Persons of such termination.

Contributions

You may be required to contribute toward all or part of your and your Dependent's insurance under the Policy. If so you must agree to:

1. Have all or a portion of the cost of both your insurance and your Dependent's Insurance deducted from your pay; or

2. Remit all or a portion of the cost of both your insurance and your Dependent's Insurance directly to the Policyholder; or.

3. Remit the entire cost of both your insurance and your Dependent's Insurance directly to us or our authorized representative. A Covered Person may elect to pay any premium billed directly monthly, quarterly, semi-annually or annually.

Direct Billing

If you are being billed directly you will receive a request for payment from us or our authorized representative on or before the premium due date. The premium due date will be shown on the request for payment. You should pay the amount due on or before the premium due date. Payment of the entire premium as it becomes due will maintain the Covered Person's insurance in force through the date immediately before the next premium due date.

There is a 31 day grace period for remittance of premium billed directly. If you do not pay the premium on or before the premium due date, you may pay the premium during this 31 day period. A Covered Person's insurance under the Group Policy will remain in force during the grace period. If premium is not remitted before the end of the grace period, the Covered Person's insurance will terminate automatically at 12:01 A.M. on the last day for which premium was paid.

Termination of a Covered Person's insurance for nonpayment of premiums billed directly will not influence a Covered Person's right to a claim for benefits which arose prior to the termination. Our liability under the Policy is limited to benefits payable for eligible claims incurred prior to the date of termination.

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GENERAL PROVISIONS

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.
We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Clerical Error

A Covered Person's insurance will not be affected by clerical error or delay in keeping records of insurance under the Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to the Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

The Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.