

SCHEDULE OF BENEFITS

Policyholder: MECOSTA-OSCEOLA ISD – OPTION 1

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

<u>Benefit</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>Benefit Frequency</u>
VISION EXAMINATION			
Comprehensive Eye Examination	Paid in full	Optometrist up to \$64.00 allowance Ophthalmologist up to \$64.00 allowance	12 months
VISION MATERIALS			
<i>Standard Glass or Plastic Lenses</i>			12 months
Single Vision	Paid in full	up to \$84.00 allowance	
Bifocal	Paid in full	up to \$96.00 allowance	
Trifocal	Paid in full	up to \$120.00 allowance	
Lenticular	Paid in full	up to \$144.00 allowance	
Frames	\$0 Co-payment up to \$200.00 retail allowance	up to \$100.00 allowance	12 months
<i>Contact Lenses (only one option available per Benefit Frequency)</i>			12 months
Conventional	\$0 Co-payment up to \$250.00 allowance	up to \$200.00 allowance	
Medically Necessary	Paid in full	up to \$210.00 allowance	
<i>Lens Options</i>			12 months
Tint Solid	Paid in full	up to \$5.00 allowance	
Tint Gradient	Paid in full	up to \$5.00 allowance	
Standard Progressive Lenses (add on to Trifocal)	Paid in full	up to \$25.00 allowance	