Pending OID Approval

The following shows the vision benefit available under this Student Policy for enrolled for all vision exams, lenses, and frames furnished during any contract year when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Co-payment and/or co-insurance for covered charges apply to the medical plan’s out-of-pocket limit.

If charges for a service or supply are less than the amount allowed, the benefit will be equal to the actual charge. If charges for a service or supply are greater than the amount allowed, the expense above the allowed amount is the member’s responsibility and will not apply toward the member’s medical plan deductible or out-of-pocket limit.

Member Responsibility

<table>
<thead>
<tr>
<th>Service/Supply</th>
<th>Participating Providers</th>
<th>Non-Participating Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrolled Members Age 18 and Younger</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam</td>
<td>$10 co-pay/visit*</td>
<td>No charge up to $40 maximum then 100% co-insurance*</td>
</tr>
<tr>
<td><strong>Vision Hardware</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision hardware</td>
<td>No charge for one pair per year for non-collection frames and/or lenses*</td>
<td>No charge for one pair per year up to $75 then 100% co-insurance for non-collection frames and/or lenses*</td>
</tr>
<tr>
<td><strong>Enrolled Members Age 19 and Older</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye exam</td>
<td>$10 co-pay/visit*</td>
<td>No charge up to $40 maximum then 100% co-insurance*</td>
</tr>
<tr>
<td><strong>Vision Hardware</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision hardware</td>
<td></td>
<td>No charge up to $150 maximum*</td>
</tr>
</tbody>
</table>

* Not subject to annual deductible.

Benefit Limitations: enrolled members age 18 and younger

‘Collection’ lenses and/or frames refers to brand name hardware when comparable non-brand/non-collection lenses and/or frames are available. Collection glasses (lenses and frames) are not covered.

- One vision exam every contract year.
- One pair of non-collection glasses (lenses and frames) per contract year.
- In lieu of eyeglasses, elective contact lens services and materials are covered with the following limitations per contract year:
  - Standard = 1 contact lens per eye (total 2 lenses); OR
  - Monthly = 6 lenses per eye (total 12 lenses); OR
  - Bi-weekly = 6 lenses per eye (total 12 lenses); OR
  - Dailies = 90 lenses per eye (total 180 lenses).
Benefit Limitations: enrolled members age 19 and older

- One vision exam every contract year.
- No charge up to the first $150, then 100% co-insurance.

Exclusions

- Special procedures such as orthoptics or vision training.
- Special supplies such as sunglasses (plain or prescription) and subnormal vision aids.
- Tint.
- Plano contact lenses.
- Anti-reflective coating and scratch resistant coatings.
- Separate charges for contact lens fitting.
- Replacement of lost, stolen, or broken lenses or frames.
- Duplication of spare eyeglasses or any lenses or frames.
- Nonprescription lenses.
- Visual analysis that does not include refraction.
- Services or supplies not listed as covered expenses.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Expenses covered under any worker’s compensation law.
- Services or supplies received before this Student Policy’s coverage begins or after it ends.
- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by this Student Policy.
- Medical or surgical treatment of the eye.
- Visual field charting.
- Lenticular lenses.
- Aniseikonic lenses.
- More than the allowance for a standard lens when multi-focal hard resin lenses or no-line bifocals (blended) are chosen.

Important information about the vision benefits

This Student Policy includes coverage for vision services. To make the most of those benefits, it is important to keep in mind the following:

Participating Providers

PacificSource is able to add value to the vision benefits by contracting with a network of vision providers. Those providers offer vision services at discounted rates, which are passed on to members in the benefits.

Paying for Services

Members should remember to show their current PacificSource ID card whenever they use their vision benefits. The PacificSource provider contracts require participating providers to bill PacificSource
directly whenever members receive covered services and supplies. Providers will verify member vision benefits. Participating providers should not ask members to pay the full cost in advance. They may only collect the member's share of the expense up front, such as co-payments and amounts over the plan's allowances. If members are asked to pay the entire amount in advance, they should tell the provider they understand the provider has a contract with PacificSource and the provider should bill PacificSource directly.

Sales and Special Promotions

Vision retailers often use coupons and promotions to bring in new business, such as free eye exams, two-for-one glasses, or free lenses with purchase of frames. Because participating providers already discount their services through their contract with PacificSource, this policy's participating provider benefits cannot be combined with any other discounts or coupons. Members can use the Student Policy's participating provider benefits, or use their non-participating provider benefits to take advantage of a sale or coupon offer. If members do take advantage of a special offer, the participating provider may treat them as an uninsured customer and require full payment in advance. Members can then send the claim to PacificSource themselves, and be reimbursed according to their non-participating provider benefits.