

VISION SCHEDULE OF BENEFITS

Maximum Payment For:

Exam (1 per 12-month period) .....	\$60
Lenses (1 set per 12-month period) .....	(Per Lens)
Single Vision .....	\$60
Bifocal .....	\$75
Tri-Focal .....	\$90
Lenticular .....	\$85
Contact Lenses (1 set per 12-month period) .....	(Per Set)
Hard, Soft, or Disposable .....	\$200
Frames (1 set per 24-month period) .....	\$75

Important: Either contact lenses or eyeglasses (but not both) may be obtained during a 12-month period.

EXCLUSIONS

In addition to the Exclusions listed in Section 6, the following exclusions will apply to Vision Expense Benefits:

Benefits will not be paid for:

1. Charges for special procedures, such as orthoptics or vision training, or for special supplies, such as nonprescription sunglasses and subnormal vision aids.
2. Drugs or medications of any kind.
3. Medical or surgical treatment of the eyes.
4. Charges for services or supplies which are received while the individual is not covered under the Plan.
5. Charges for any vision care services or supplies which are included as covered expenses under any other benefit section included in this Plan, or under any other medical or vision care expense benefit plan carried or sponsored by the Company, for which the participant and/or dependent is covered.
6. Charges for any eye examination required by an employer as a condition of employment, or which an employer is required to provide under a labor agreement, or which is required by any law of a government.
7. Duplication, or replacement of lenses or frames lost, stolen, scratched or broken, unless the last date of replacement has been more than 12 months for lenses or 24 months for frames.
8. Any treatment or service which occurs due to a covered person's commission of, or attempt to commit an assault; battery; felony; act of aggression; insurrection; rebellion; or participation in a riot.
9. Services or materials provided as a result of any Worker's Compensation law or similar legislation.