SCHEDULE OF BENEFITS FOR COVERED SERVICES

If Covered Services are provided by a participating Ophthalmologist, Optician, or Optometrist, charges will be paid on the basis of prevailing fees[1], but not to exceed the "Participating Provider" allowances. If Covered Services are provided by a non-participating Ophthalmologist, Optician, or Optometrist, any difference between the allowance and the provider's charge is the patient's responsibility.

Deductible Amounts[2]:

Exam	$10.00
Material	$10.00

COVERED SERVICES & BENEFITS	ALLOWANCES	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Exam:		
Comprehensive Examination	Covered in Full	$40.00
Lenses:		
Single Vision	Covered in Full	$30.00
Bi-focal	Covered in Full	$50.00
Blended Segment	$72.50	$50.00
Tri-focal	Covered in Full	$65.00
Aphakic/Lenticular Monofocal	Covered in Full	$125.00
Aphakic/Lenticular Multifocal	Covered in Full	$125.00
High Power of 7.25 Diopters or more additional (per lens)	Covered in Full	$0[6]
Prism 1 ½ to 4 diopters (per lens)	Covered in Full	$0[6]
Prism 4 ½ to 10 diopters (per lens)	Covered in Full	$0[6]
Slab-off prism (per lens)	Covered in Full	$0[6]
Progressive	$89.50	$65.00
Polycarbonate for children up to age 19		
Single Vision	$85.00	$55.00
Bi-focal	$85.00	$55.00
Contact Lenses[3]:		
Non-Elective/Medically Necessary (one pair)	Covered in Full	$250.00
Elective/Cosmetic	$105.00	$105.00
Frame[4]:		
Selection up to retail amount of	$125.00	$75.00

[1] Prevailing Fees means a fee which falls within a range of charges, as submitted to Medical Eye Services, Inc. by providers within a geographical area.

[2] The Deductible is an amount of charges for Eligible Vision Expenses: (a) that You incur and (b) for which no benefits will be paid.

[3] The contact lens allowance is in lieu of other eyewear. The allowance includes the contact lens evaluation, fitting costs, and materials, except when the Insured has a separate fitting benefit. Any difference between the allowance and the provider's charge is a patient responsibility.

[4] The difference between the benefit amount and the charges for more expensive frames or unusual lenses, such as oversize, will be a patient responsibility. The retail frame allowance is reduced 30%-35% at provider locations employing wholesale or warehouse pricing. These provider locations are identified in the Participating Provider directory at www.mesvision.com.

[6] If the dollar amount related to a benefit/service is "0", this Policy does not cover the service. Any difference between the allowance and the provider's charge is the patient's responsibility.

[7] For groups with optional tint benefits, tints other than Pink or Rose #1 or #2 are paid according to the patient's benefit allowance. The balance of the charge for standard tints (any solid tint) exceeding the allowance is a provider fee adjustment. The balance of non-standard tints or coatings (such as gradient or double gradient and mirrored) is a patient responsibility.

You may also refer to the website at www.MESVision.com for benefit eligibility and claim history information or call 1-800-877-6372 to speak to a representative. Written inquiries may be forwarded to: Medical Eye Services, Inc., P.O. Box 25209, Santa Ana, CA 92799.