SCHEDULE OF BENEFITS

City Construction Newco LLC

BENEFIT FREQUENCY		
Vision Examination	once every 12 months	Insured Person
Vision Materials		
Frame	once every 24 months	Insured Person
Lenses and Lens Options	once every 12 months	Insured Person
Contact Lenses	once every 12 months	Insured Person

BENEFIT	*In-Network*		*Out-of-Network Provider* *(Reimbursement up to)*
	Plus In-Network Provider	*In-Network Provider*	
Vision Examination			
Comprehensive Eye Examination	$0 Copayment	$10 Copayment	$40
Contact Lenses Fit and Follow-Up (One Fit and two Follow-Up visits) Contact Lenses Fit and Follow Up is available once a Comprehensive Eye Examination has been completed.			
Standard	$0 Copayment	$0 Copayment	$40
Premium	$0 Copayment, up to $40 Allowance	$0 Copayment, up to $40 Allowance	$40
Vision Materials			
Frame	$0 Copayment, up to $200 Allowance	$0 Copayment, up to $150 Allowance	$75
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses and Lens Options.			
Conventional	$0 Copayment, up to $200 Allowance	$0 Copayment, up to $150 Allowance	$75
Disposable	$0 Copayment, up to $200 Allowance	$0 Copayment, up to $150 Allowance	$75
Medically Necessary	Paid in Full	Paid in Full	$300
Standard Plastic Lenses			
Single Vision	$25 Copayment	$25 Copayment	$30
Bifocal	$25 Copayment	$25 Copayment	$50
Trifocal	$25 Copayment	$25 Copayment	$70
Lenticular	$25 Copayment	$25 Copayment	$70
Progressive – Standard	$80 Copayment	$80 Copayment	$50
Progressive – Premium Tier 1	$110 Copayment	$110 Copayment	$50
Progressive – Premium Tier 2	$120 Copayment	$120 Copayment	$50
Progressive – Premium Tier 3	$135 Copayment	$135 Copayment	$50
Progressive – Premium Tier 4	$240 Copayment	$240 Copayment	$50

BENEFIT	***In-Network***		***Out-of-Network Provider*** *(Reimbursement up to)*
	Plus In-Network Provider	***In-Network Provider***	
Lens Options			
Anti-Reflective Coating – Standard	$45 Copayment	$45 Copayment	$23
Anti-Reflective Coating – Premium Tier 1	$57 Copayment	$57 Copayment	$23
Anti-Reflective Coating – Premium Tier 2	$68 Copayment	$68 Copayment	$23
Anti-Reflective Coating – Premium Tier 3	$100 Copayment	$100 Copayment	$23
Polycarbonate Lenses – Standard Dependent Children under 19 years of age	$0 Copayment	$0 Copayment	$20