

EXHIBIT A

SCHEDULE OF BENEFITS

GENERAL

This Schedule of Benefits lists the vision care services and materials to which Covered Persons of Community Eye Care (“CEC”) are entitled, subject to any Copayment and other conditions, limitations and/or exclusions stated herein, and forms a part of the Policy or Evidence of Coverage to which it is attached.

BENEFIT PERIOD: A twelve-month period beginning on January 1st and ending December 31st.

ELIGIBILITY

The following are Covered Persons under this Plan, pursuant to eligibility criteria established by Client:

- Enrollee
- Legal Spouse of Enrollee
- Domestic Partner
- Dependent Parent
- Any unmarried child of Enrollee, including a natural child from date of birth, legally adopted child from the date of placement for adoption with the Enrollee, any child for which Enrollee is a party in a suit seeking to adopt the child, any stepchild or other child for whom a court or administrative agency holds the Enrollee responsible.

Unmarried dependent children are covered up to age 25.

A dependent unmarried child over the limiting age may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon Enrollee for support and maintenance.

PLAN BENEFITS

CEC NETWORK PROVIDERS

COVERED SERVICES AND MATERIALS

EYE EXAMINATION: Covered in full* once every 12 months, after a \$10 Copayment.**

Comprehensive examination of visual functions and prescription of corrective eyewear.

When services are obtained from a Visionworks provider there shall be no Copayment for the examination.

CONTACT LENS FITTING AND EVALUATION: Covered in full* once every 12 months, after a \$40 Copayment.** ***

When services are obtained from a Visionworks provider, there shall be no copayment for the contact lens fitting and evaluation.

SPECTACLE LENSES, CONTACT LENSES AND FRAMES: Covered up to \$200* once every 12 months after a \$10 Copayment.**

There shall be no Copayment when materials are obtained from a Visionworks provider.

The CEC Network Provider will prescribe and order Covered Person's lenses, will verify the accuracy of finished lenses, and will assist Covered Person with frame selection and adjustment.

*Less any applicable Copayment.

** beginning with the first day of the Benefit Period

EXCLUSIONS AND LIMITATIONS OF BENEFITS

NOT COVERED

1. Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
2. Replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
3. Orthoptics or vision training and any associated supplemental testing.
4. Medical or surgical treatment of the eyes.
5. Additional fitting and follow up fees for complex and necessary contact lens wearers.
6. Contact lens modification, polishing or cleaning.
7. Contact lens insurance policies or service agreements.
8. Local, state and/or federal taxes, except where CEC is required by law to pay.
9. Services associated with necessary contact lenses, Corneal Refractive Therapy (CRT) or Orthokeratology.
10. Corrective eyewear required by an employer as a condition of employment.
11. Services provided as a result of any Worker's Compensation law.

PLAN BENEFITS
OUT OF NETWORK PROVIDERS

COVERED SERVICES AND MATERIALS

EYE EXAMINATION: Covered up to \$50.00* once every 12 months, after a \$10 Copayment.**

Comprehensive examination of visual functions and prescription of corrective eyewear.

CONTACT LENS FITTING AND EVALUATION: Covered in up to \$48.00* once every 12 months, after a \$40 Copayment.**

SPECTACLE LENSES, CONTACT LENSES AND FRAMES: Covered up to \$200 once every 12 months** after a \$10 Copayment.

*Less any applicable Copayment.

** beginning with the first day of the Benefit Period

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Out-of-Network

1. Exclusions and limitations of benefits described above for CEC Preferred Providers shall also apply to services rendered by Out-of-Network Providers.
2. Services from an Out-of-Network Provider are in lieu of services from a CEC Preferred Provider.
3. There is no guarantee that the amount reimbursed will be sufficient to pay the cost of services or materials in full.
4. CEC is unable to require Out-of-Network Providers to adhere to CEC's quality standards.