

ATTACHMENT C: SCHEDULE OF BENEFITS

Group Name: Holston Conference of UMC

Group Number: 88662

Effective Date: January 1, 2019

Members have the right to obtain vision care from the Provider of their choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

<u>Benefit</u>	<u>In-Network</u>	<u>Out-of-Network Allowance</u>	<u>Benefit Frequency</u>
VISION EXAMINATION			
Comprehensive Eye Examination	\$20 Copayment	up to \$35	Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Retinal Imaging	Up to \$39	Up to \$0	
and			
Contact Lenses Fit And Follow-Up			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Standard	\$55 Copayment	up to \$0	
Premium	10% off retail price	up to \$0	
VISION MATERIALS¹			
<i>Standard Plastic Lenses</i>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Single Vision	\$20 Copayment	up to \$30	
Bifocal	\$20 Copayment	up to \$45	
Trifocal	\$20 Copayment	up to \$60	
<i>Frames²</i>	\$0 Copayment up to \$150 allowance	up to \$75	Subscriber 24 months Dependent Spouse 24 months Dependent Children 24 months
<i>Contacts In lieu of eyeglasses, frames and lenses³</i>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Conventional	\$0 Copayment up to \$150 allowance	up to \$120	
Disposable	\$0 Copayment up to \$150 allowance	up to \$120	
Medically Necessary	Paid in full	up to \$200	

<i>Lens Options</i>			Subscriber 12 months Dependent Spouse 12 months Dependent Children 12 months
Standard Polycarbonate	\$40 Copayment	up to \$0	
Standard Polycarbonate (For Covered Dependent children under 19 years of age.)	\$0 Copayment	up to \$5	
UV Treatment	\$15 Copayment	up to \$0	
Tint	\$15 Copayment	up to \$0	
Standard Plastic Scratch Coating	\$15 Copayment	up to \$0	
Standard Progressive Lenses (add on to Bifocal)	\$65 Copayment	up to \$0	
Premium Progressive Lenses (add on to Bifocal)	\$65 Copayment 20% off retail price up to \$120 allowance	up to \$0	
Standard Anti-Reflective Coating	\$45 Copayment	up to \$0	
DIABETIC EYE CARE			Care and testing for diabetic members Up to two services per 12 month benefit period for each listed service.
Exam	\$0 Copayment	up to \$77	
Retinal Imaging	\$0 Copayment	up to \$50	
Extended Ophthalmoscopy	\$0 Copayment	up to \$15	
Gonioscopy	\$0 Copayment	up to \$15	
Scanner Laser	\$0 Copayment	up to \$33	

1. Additional complete pair eyeglasses purchases (frame, lens and lens options) receive 40% off retail price at Network Providers once benefit used.
2. Additional 20% off retail cost above allowance.
3. Additional 15% off balance over allowance on conventional Contact Lenses.