

## Schedule

**ELIGIBLE EXPENSES:** We will pay for Eligible Expenses You incur by or on behalf of You or any Dependent while covered under the Policy.

**A. SERVICES:** include, but are not limited to:

1. Vision Examinations - Each Insured is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. We will cover such Service once every 12 months for adults and once in every 12 months for a Dependent child under age 19. Where the vision examination shows new lenses or frames or both are Necessary for proper visual health, such Materials will be covered, together with certain Services as Necessary..
2. Prescribing and Ordering Proper Lenses.
3. Assisting with Selection of Frames.
4. Verifying Accuracy of Finished Lenses.
5. Proper Fitting and Adjustments.

**B. MATERIALS:**

1. **LENSES** - We will pay for new prescription for Standard Lens once every 24 months for adults and once in every 24 months for a Dependent child under age 19.
2. **FRAMES** - We will pay for new Standard Frames once every 24 months for adults and once in every 24 months for a Dependent child under age 19.
3. **CONTACT LENSES** - When an Insured chooses contact lenses, Payment will be IN LIEU OF ALL OTHER MATERIALS BENEFITS.

THE LENS ALLOWANCE EQUALS 2 LENSES. IF ONLY 1 LENS IS NEEDED THE ALLOWANCE WILL BE 1/2 THE LENS ALLOWANCE.

**C. WHAT IS COVERED:** We cover:

1. The Services rendered and Materials furnished by a **Preferred Provider**. A **Preferred Provider** is a licensed provider who has contracted to accept, as full payment, Your co-payment and the contracted payment from Us. We will pay benefits if the Services are rendered or Materials furnished in, at or by a **Preferred Provider**. Use of a **Preferred Provider** does not guarantee that all expenses will be covered under the Policy. **Preferred Provider** locations are identified by contacting the Administrators office or website.

Services and Materials will be covered at the benefit levels for a **Non-Preferred Provider** when: a] the provider rendering the Service or furnishing the Materials is no longer a **Preferred Provider**; or b] the Insured elects not to use the Services or Materials of the **Preferred Provider**.

2. The Services rendered and Materials furnished by a **Non-Preferred Provider**. A **Non-Preferred Provider** is a licensed provider NOT under contract with Us. After the applicable co-payment and deductible, if any, We will pay the Reasonable and Customary charge for the following Services and Materials, up the scheduled amount shown below:

Benefits will be payable the same as for a **Preferred Provider** when: a] a **Preferred Provider** refers the Insured to a **Non-Preferred Provider** because the **Preferred Provider** is unable to render the Necessary Service or furnish the Necessary Materials; or b] a **Non-Preferred Provider** is on call in the absence of the **Preferred Provider**.

## Schedule

THE SCHEDULED AMOUNTS SHOWN ARE MAXIMUMS. THE ACTUAL AMOUNT TO BE PAID FOR ANY SERVICE OR MATERIAL WILL BE THE LESSER OF THE SCHEDULED AMOUNT FOR SUCH SERVICE RENDERED AND/OR MATERIALS PURCHASED, OR THE ACTUAL AMOUNT CHARGED

THERE IS NO ASSURANCE THAT THE SCHEDULED AMOUNT WILL BE SUFFICIENT TO PAY THE FULL COST OF THE SERVICE RENDERED OR THE MATERIALS SELECTED.

THE AMOUNTS SHOWN ARE MAXIMUM. THE ACTUAL AMOUNT TO BE PAID WILL BE THE LESSER OF THE SCHEDULED AMOUNT FOR THE SERVICE RENDERED AND/OR MATERIALS FURNISHED, OR THE ACTUAL AMOUNT CHARGED.

**Limitations** - In no event will payment exceed the lesser of:

1. the actual cost of covered Services or Materials; or
2. the limits of the Policy, shown in this Schedule.

**Exclusions** - We will not cover:

1. Orthoptic or vision training and any associated supplemental testing.
2. Plano lenses.
3. Lens Coatings
4. Two pair of glasses, in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
7. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
8. Customization of bifocal lenses to a progressive or no-line lens
9. Photo-chromatic lenses
10. Sub-normal vision aids or non-prescription lenses.
11. Services rendered or Materials purchased outside the U.S. or Canada, unless:
  - a) the Insured resides in the U.S. or Canada; and
  - b) the charges are incurred while on a business or pleasure trip.
12. Charges in excess of the Usual and Customary charge for the Service or Materials.
13. Charges incurred after:
  - a) the Policy ends; or
  - b) the Insured's coverage under the Policy ends, except as stated in the Policy.
14. Experimental or non-conventional treatment or device.
15. Spectacle lens treatments or "add-ons", except solid tints (#1 & #2), and oversize lenses.
16. High Index lenses of any material type.
17. Lost or broken Materials, except when replaced at normal intervals when Services are available.

### BENEFIT SUMMARY

#### CO-PAYMENTS:

**Exam** \$10    **Lens** \$20

#### FREQUENCY OF SERVICES:

**Exam** 12 Months    **Materials** 24 Months

#### MAXIMUM ALLOWANCES:

#### PREFERRED PROVIDER:

**Frame**                    \$100  
**Contact Lenses**    \$100

#### NON-PREFERRED PROVIDER:

<b>Vision Exam</b>	\$25
<b>Frames</b>	\$40
<b>Single Vision Lenses</b>	\$20
<b>Bifocal Lenses</b>	\$30
<b>Trifocal Lenses</b>	\$40
<b>Contact Lenses</b>	\$60

**SECURITY LIFE INSURANCE COMPANY OF AMERICA**  
**Minnetonka, Minnesota 55343-9137**

**AMENDMENT**

This amendment is issued as a part of the Policy and to any Certificates to which it is attached. Notwithstanding anything to the contrary in the Policy, effective 4/1/2011 Your Certificate is amended as follows:

DEPENDENT - means any of the following persons:

- a. Your spouse;
- b. Your unmarried child, from birth to age 26.
- c. Each unmarried child at least 26 years of age who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap; who was incapacitated and insured under the Policy on his 26th birthday; and who continues to be incapacitated beyond his 26th birthday.

This amendment takes effect and expires with the Policy and any Certificate to which it is attached. Nothing contained in this amendment will be held to change, waive or extend any provisions of the Policy except as stated.

Signed for on behalf of Security Life Insurance Company of America.



President & CEO