

PHYSICIANS EYECARE PLAN, LLC
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This Certificate will take the place of any and all Certificates and riders which may have been issued to you at a prior time.

GENERAL INFORMATION

This Certificate explains the plan benefits which are provided by Physicians Eyecare Plan, LLC. Read it closely to become familiar with your plan. An individual identification card will be issued to you containing your name and Member ID number.

Important Notice - Benefits are payable only for expenses incurred while this plan is in force.

No agent has the right to change the Policy or to waive any part of it.

The Policy under which this Certificate is issued may at any time be amended or canceled, as stated in its provisions. Such an action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy.

The benefits for Dependents which are described in this Certificate will be applicable to your Dependents only if you make application to have your Dependents included in your plan as noted on your identification card.

DEFINITIONS

The following terms have specific meaning as used in the Policy.

Covered Person means an employee meeting the eligibility requirements of the Policy who is covered for benefits. Covered Person will also include your Dependents if enrolled.

Dependent means any of the following persons: 1) Your spouse; 2) Each unmarried child from birth to age 19 who is primarily dependent upon you for support and maintenance; 3) Each unmarried child at least 19 years of age to age 23 who is primarily dependent upon you for support and maintenance and who is a fulltime student; or 4) Each unmarried child at least 19 years of age: who is primarily dependent upon you for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is a Covered Person under this Policy on his or her 19th birthday; and who has been continuously so incapacitated since his or her 19th birthday. Child includes stepchild, foster child, legally adopted child, child legally placed in your home for adoption, and child under your legal guardianship. A full-time student is one who is enrolled at least 12 semester hours for credit in the case of an accredited junior college, college or university; and, in the case of a trade school, is enrolled in a course requiring attendance of 20 or more hours weekly for six or more months.

Policy - means the vision plan benefits provided by Physicians Eyecare Plan.

Provider - means a Physicians Eyecare Plan contracted licensed Ophthalmologist or Optometrist who is operating within the scope of his or her license or a dispensing Optician.

Vision Examination - means a vision testing examination, including a determination as to the need for correction of visual acuity and prescribing lenses, if needed that is performed by a Physicians Eyecare Plan contracted licensed Ophthalmologist or Optometrist who is operating within the scope of his or her license. A Vision Examination can include but not be limited to the following procedures: case history, patient medical/eye health history, and record of current medications; record of visual acuities with and without present correction, if applicable; pupil responses; external exam findings; internal exam findings; screening of visual fields perception (when applicable); present prescription; retinoscopy (when applicable); subjective refraction at far and near point; binocular and ocular mobility testing; test of accommodation and/or near point refraction; tonometry, to include pressures, time of day, and type of instrument used (a reasonable attempt at tonometry or equivalent testing will be made unless, in the providers professional opinion, tonometry is contra-indicated).

Vision Materials - means corrective lenses and/or frames or contact lenses.

We, Our, Us - means Physicians Eyecare Plan, LLC

You, Your, Yours - means the Employee covered under the Policy.

EFFECTIVE DATES

Effective Date of Employee's Insurance - Your insurance will be effective as follows: 1) If the Employer does not require you to contribute towards the premium for this coverage, Your insurance will be effective on the first day of the month that you became eligible; 2) If the Employer requires you to contribute towards the premium for this coverage, your insurance will be effective on the first day of the month that you became eligible, provided; a) you have given us your enrollment form (if required) on, prior to, or within 30 days of the date you became eligible; and b) you have agreed, in writing, to pay the required contributions; 3) If you fail to meet the requirements (a) and (b) within 30 days after becoming eligible, your coverage will not become effective until we have verified that you have met these requirements. You will then be advised of your effective date.

Effective Date of Dependent's Insurance - Coverage for Dependents becomes effective on the later of: 1) the date Dependent Coverage is first included in Your coverage; or 2) the premium due date on or after the date the person first qualifies as your Dependent. If an enrollment form is required, you must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

Newborn Children - If a Dependent is covered under your Certificate, a Dependent child born while this Certificate is in force shall be covered from the moment of birth for 31 days. In order to continue coverage beyond this 31-day period, you must send us notice and agree to pay any premium contributions that may be required by the Employer within this 31-day period.

Adopted Children - If a Dependent child is placed with you for adoption while the Certificate is in force, such child will be covered from the date of placement for 31 days. In order to continue coverage beyond this 31-day period, you must send in notice and agree to pay any premium contributions that may be required by the Employer within this 31-day period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

VISION BENEFIT

Plan details attached.

LIMITATION

Vision Examination and Vision Materials - Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Covered Person to the Provider. Such fees or materials are not covered under this Policy.

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from: 1) Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; 2) Medical and/or surgical treatment of the eye, eyes, or supporting structures; 3) Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof; 4) Plano (non-prescription) lenses; 5) Non-prescription and/or cosmetic contact lenses; 6) Non-prescription sun glasses; or 7) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced.

TERMINATION OF INSURANCE

For all Covered Persons - All Covered Persons' insurance will end automatically on the earliest of the following dates: a) The date the Policy ends; b) The end of the last period for which any required contribution agreed to in writing has been made; c) The date You are no longer eligible for insurance; d) The date Your employment with the Employer ends. Your employment will end on the last day of the month in which employment ends. The Employer may, at its option, continue Insurance for individuals whose employment has ended, if it: (i) does so without individual selection between employees; and (ii) if it continues making premium payments for those individuals.

For Dependents - A Dependent's insurance will automatically stop on the earlier of: a) the date Your coverage ends; b) the end of the month in which the Dependent ceases to be Your Dependent; c) the end of the last period for which any required contribution has been made. A Dependent Child will not cease to

be a Dependent solely because of age if the child is: a) not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and b) mainly dependent on you for support. We may ask for proof of the eligible child's incapacity and dependency two months before the date the dependent would otherwise cease to be covered. We may require the same proof again, but We will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end: a) on the date the Policy ends; b) the date the incapacity or dependency ends; c) the last day of the month for which required premium for the child is paid; or d) 60 days after the date we request proof which is not given to us.

CLAIMS

Payment of Claims. All claims will be paid to the participating service provider.

Claim Appeal Procedure. If we partially or fully deny a claim for benefits submitted for a Covered Person and he or she disagrees or does not understand the reasons for this denial, the Covered Person may appeal this decision, and they have the right to: 1) Request a review of the denial; 2) Review pertinent plan documents; and 3) Submit in writing, any data, documents or comments which are relevant to our review of this denial. The Covered Person's appeal must be submitted in writing within 60 days of receiving notice of denial. We will review all information and send written notification within 60 days of the Covered Person's request.