

Limitations & Exclusions

Group Vision Insurance

READ THE CERTIFICATE CAREFULLY.

1. **Patient Options:** This plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and the Covered Person will pay the additional costs for the options.
 - Optional Cosmetic Processes
 - Anti-Reflective Coating
 - Color Coating
 - Mirror Coating
 - Scratch Coating
 - Blended Lenses
 - Cosmetic Lenses
 - Laminated Lenses
 - Oversize Lenses
 - Polycarbonate Lenses
 - Photochromic Lenses, Tinted Lenses except Pink #1 and Pink #2
 - Progressive Multifocal Lenses
 - UV (ultraviolet) Protected Lenses
 - Certain Limitations on Low Vision Care
2. **Not Covered:** There are no Benefits for professional services or materials connected with
 - Orthoptics or Vision Training and any associated Supplemental Testing
 - Plano Lenses (less than a $_ .50$ diopter power)
 - Two Pair of Glasses in Lieu of Bifocals
 - Replacement of Lenses and Frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
 - Medical or Surgical Treatment of the Eyes
 - Corrective Vision Treatment of an Experimental Nature.
 - Costs for Services and / or Materials above stated allowances
 - Services and / or Materials not indicated in the Certificate as covered plan benefits.
 - Contact Lens Modification, Polishing or Cleaning
 - Local, State and / or Federal Taxes, except where Renaissance or VSP are required by law to pay.
 - Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.
3. Some brands of spectacle frames may be unavailable for purchase as Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their In-Network Provider or by calling the Vision Member Services Department at 1-800-877-7195.
4. Exclusions and limitations of benefits described for In-Network Providers shall also apply to services rendered by Affiliate Providers. Services from an Affiliate Provider are in lieu of services from In-Network Provider or an Out-of-Network Provider. VSP is unable to require Affiliate Providers to adhere to its quality standards. Where Affiliate Providers are located in membership retail environments, Covered Persons may be required to purchase a membership in such entities as a condition of obtaining Benefits.

The above is a summary of exclusions and limitations. For complete details, please refer to your Certificate. Not all coverage provided under the Certificate is set forth above. The policy term is one year. Coverage may be terminated for reasons stated in the Certificate. Coverage ceases upon termination of the Certificate.

LOW VISION

Professional Services for severe visual problems not correctable with regular lenses, including:

- Supplemental Testing: Up to \$125¹⁴** - Includes Evaluation, Diagnosis & Prescription of Vision Aids where indicated.
- Supplemental Aids: 75% of Affiliate Provider's Fee up to \$1,000.¹⁴**

¹⁴ Maximum Benefit for all Low Vision services and materials is \$1,000.00 every two (2) years and a maximum of two supplemental tests within a two-year period. Low Vision Services are a Covered Service when specific benefit criteria are satisfied and when prescribed by Covered Person's Provider.