SECTION XVI

Preferred Provider Organization
SCHEDULE OF BENEFITS
Wildlife Conservation Society

Plan features

Benefit frequency limits

Participating Provider and Non-Participating Provider combined

Vision examinations

Description	Limit
Vision examinations	Once every **12 months**

Vision materials

Description	Limit
Frames	1 pair every **12 months**
Lenses	1 pair every **12 months**
Contact lenses	1 order every **12 months**

Vision materials important note:
During each benefit frequency period, your plan will cover either **Prescription** eyeglass lenses or **Prescription** contact lenses.

Eligible vision services

Vision examinations

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Comprehensive eye exam	$10 Copayment	$38 Scheduled Limit

Vision materials

Frames

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Eyeglass frame	$0 Copayment then the plan pays up to $150 Maximum Allowance	$75 Scheduled Limit

Standard plastic prescription lenses

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Single Vision	$10 Copayment	$28 Scheduled Limit
Bifocal	$10 Copayment	$44 Scheduled Limit
Trifocal	$10 Copayment	$72 Scheduled Limit
Lenticular	$10 Copayment	$72 Scheduled Limit
Standard progressive	$75 Copayment	$44 Scheduled Limit
Premium progressive Tier 1	$95 Copayment	$44 Scheduled Limit
Premium progressive Tier 2	$105 Copayment	$44 Scheduled Limit
Premium progressive Tier 3	$120 Copayment	$44 Scheduled Limit
Premium progressive Tier 4	$75 Copayment then the plan pays up to $120 Maximum Allowance	$44 Scheduled Limit

Contact lenses

Only one of the following contact lens types may be used for the contact lenses benefit per benefit period

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Conventional contact lenses	$0 Copayment then the plan pays up to $150 Maximum Allowance	$120 Scheduled Limit
Disposable contact lenses	$0 Copayment then the plan pays up to $150 Maximum Allowance	$120 Scheduled Limit

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Non-conventional (medically necessary) contact lenses	$0 Copayment	$200 Scheduled Limit

Lens options

Description	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Plan Responsibility for Cost-Sharing. Member is responsible for any amounts greater than the Scheduled Limit shown below
Standard polycarbonate lenses (Dependent child under 19 years of age)	$0 Copayment	$32 Scheduled Limit
Scratch coating	$0 Copayment	$12 Scheduled Limit