

EXHIBIT "A"

SCHEDULE OF VISION BENEFITS LIMITED BENEFIT

<u>Schedule of Benefits</u>	<u>2005</u>
Deductible	None
Annual Maximum	\$300.00
Lenses – (per lens)	
Single	\$30.00
Bifocal	\$45.00
Trifocal	\$50.00
Lenticular	\$70.00
Contact Lenses (cosmetic use)	\$175.00
Contact Lenses after cataract surgery, or when vision is not correctable to 20/70 in the better eye by use of convention-type lenses, but can be improved to 20/70 or better by the use of contact lenses	\$175.00
Frames	\$150.00

^Reciprocal Agreement with other Foundation areas to reimburse at Foundation Minimum Standard for given area

Covered Expenses

Covered expenses shall be defined as the actual charge, subject to the stated amount in the Schedule of Benefits, for the following services and supplies performed or prescribed by an optometrist (O.D.), ophthalmologist (M.D.), or dispensing optician.

Complete eye exam, but not more than once per 12 consecutive month period. Participating Provider agrees to accept vision deductible and eye exam as payment in full only. Other services are a limited benefit.

Frames, but not for more than (1) set in any 24 consecutive month period.

One pair of lenses in any 12 consecutive month period, unless complete eye exam indicates a change in prescription from the immediately prescription.

Dispensing Optician shall be defined as a person who is qualified to manufacture and sell eyeglasses and/or contact lenses.

Optometrist shall be defined as a person who is legally licensed to practice optometry and only when practicing within the scope of such license.

Ophthalmologist shall be defined as only a duly qualified physician who is licensed to practice medicine.

Limitations

Expenses incurred for any of the following shall in no event be considered covered expenses:

Services and supplies received in respect of illness or injury which is a result of war, declared or undeclared or of engaging in a riot.

Vision check-up or vision screening requested by the Employer, a school or a government.

Treatment received for a medical department maintained by the Employer, a mutual benefit association, labor union, trustee or similar type of group.

Expenses incurred in connection with orthoptics, vision training or medical or surgical treatment of the eye.

Expenses incurred for replacement of lost, stolen or broken lenses or frames.

Plano Lenses

Cosmetic materials over and above the covered expense including but not limited to:

- 1) Blended lenses
- 2) Oversize lenses
- 3) Photochromatic lenses
- 4) Tinted lenses except pink #1 and #2
- 5) Progressive multifocal lenses
- 6) Coating of the lenses
- 7) Laminating of the lenses.