VISION SCHEDULE OF BENEFITS

The level of benefits received is based upon the Participant's decision at the time treatment is needed to access care through either preferred or non-contracted vision providers. Benefits are payable at the preferred level by accessing your care through a Preferred Provider or a Participating Provider. Covered services received from Non-contracted providers will be paid at the out-of-network level of benefits. Your Vision Preferred Provider Organization is:

HMA Preferred
800/869-7096
OR
Log in to the myHMA member portal at www.accesshma.com

Eligible expenses will be paid at the preferred level when:

- The services are billed by a preferred or participating provider.
- You receive emergency services inside or outside the network area.

This Schedule of Benefits is a summary of the benefits provided under this Plan. **Please read the entire booklet for details on specific benefit limitations, benefit maximums, waiting periods and exclusions.**

VISION BENEFITS

	Participating & Preferred Network	Out-of-Network
EXAMINATION, HARDWARE & LASER SURGERY		
Examination Limited to one exam per calendar year.	100%	$30 Copay then 100% of maximum allowable
Hardware* Limited to $650 every two calendar years.	100%	100% of maximum allowable
Laser Surgery Limited to a lifetime maximum of $1,000 per eye. In addition, the above hardware benefit may also be used for laser surgery.	100%	100% of maximum allowable

The vision benefit is a separate benefit from the medical benefit. The vision copayment applies to the medical out-of-pocket maximum.

If a **Preferred Provider** is used for the examination, a PPO discount will be applied and your overall benefit will be maximized as the cost of the examination will have been reduced. Please contact Healthcare Management Customer Care if you have questions regarding this benefit.

The vision hardware benefits is limited to $650 every two calendar years. The benefit works as follows: The benefit of $650 is based upon a 24-month period beginning the first of January of even years and ending the end of December of odd years. For example, employees are eligible for one benefit amount

of $650 in 2016/2017, one benefit of $650 in 2018/2019, and so on. Any benefits not used during the applicable benefit period is forfeited. The vision exam does not apply towards the $650 annual maximum. Laser eye surgery is limited to a $1,000 lifetime maximum per eye. In addition, the above $650 hardware benefit may also be used for laser surgery.

DENTAL SCHEDULE OF BENEFITS

The level of benefits received is based upon your decision at the time treatment is needed to access care through either preferred or non-preferred dental providers. Benefits are payable at the preferred level by accessing your care through a Preferred Provider or a Participating Provider. Out-of-Network charges will be paid at the Out-of-Network level of benefits. Your Dental Preferred Provider Organization is:

HMA National Dental Network
800/869-7093
OR
Log in to the myHMA member portal at www.accesshma.com

Eligible expenses will be paid at the preferred level when:

- The services are billed by a preferred or participating provider.
- You receive emergency services inside or outside the network area.

This Schedule of Benefits is a summary of the benefits provided under this Plan. **Please read the entire booklet for details on specific benefit limitations, benefit maximums, waiting periods and exclusions.**

DENTAL BENEFITS

	Participating & Preferred Network	Out-of-Network
INDIVIDUAL DEDUCTIBLE Per calendar year.	None	None
MAXIMUM PAYABLE Per Participant, per calendar year.	$2,000	$2,000

Applicable to Type II and III services.

Amounts credited to the maximum payable amount are applied to both the Preferred and Out-of-Network eligible expenses.

	Participating & Preferred Network	Out-of-Network
TYPE I* - PREVENTIVE Oral Exam, Cleaning, X-rays, Fluoride, Night Guards, and Sealants.	100%	80% of maximum allowable
Preventive oral examinations, limited to two treatments per calendar year.		
Fluoride treatments are limited to 2 treatments per calendar year for individuals under the age of 19.		
Sealants are limited to children under the age of 19, for permanent teeth only.		
TYPE II - BASIC AND RESTORATIVE Fillings, Oral Surgery, Crowns, Endodontic Treatment, Periodontal Services, Pathology, Anesthesia, and Injectables.	100%	80% of maximum allowable
TYPE III - MAJOR AND PROSTHETICS Bridgework, Dentures, Relines, Rebases, Repairs, Adjustments, Tissue Conditioning, Addition of Teeth, and Implants.	80%	50% of maximum allowable
TYPE IV* - ORTHODONTIA **Orthodontia** Lifetime maximum $2,000.	50%	50% of maximum allowable
Temporomandibular Joint Disorder (TMJ) Not covered under dental benefit – see Medical benefit.	Not Applicable	Not Applicable

***Type I and IV benefits do not apply to Maximum payable under Dental.**