



Cingular Wireless Vision Plan for Nonbargained Employees and Bargained Employees

Summary Plan Description



This "Summary Plan Description" or "SPD" is effective for claims incurred on or after January 1, 2005. For claims incurred prior to that date, the SPD dated November 1, 2001 together with any "Summaries of Material Modification" or "SMMs" shall govern.



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Overview

This “Summary Plan Description” or “SPD” is effective for claims incurred on or after January 1, 2005. For claims incurred prior to that date, the SPD dated November 1, 2001 together with any “Summaries of Material Modification” or “SMMs” shall govern.

The Cingular Wireless Vision Plan (“Vision Plan”) of the *Cingular Wireless Health and Welfare Benefits Plan for Nonbargained Employees* and the *Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees* encourages you to maintain good vision through regular eye examinations and assists with vision care expenses. The Vision Plan helps pay expenses for vision exams, eyeglass lenses frames, and contacts.

You may receive treatment from either a network or non-network provider.

You are not required to file a claim when visiting a network provider. The network provider will file all necessary claims.

Services provided by non-network providers are paid according to a fixed schedule and you must file a claim for reimbursement.

The following pages describe the eligibility provisions and benefits of the Cingular Wireless Vision Plan. Coverage is not automatic. To have coverage, you must enroll through the **Cingular Wireless Benefits Service Center** (contact information given below).

This Summary Plan Description (“SPD”) is a brief description of the Vision Plan. This SPD does not attempt to cover all the details. Specific details are included in the *Cingular Wireless Health and Welfare Benefits Plan for Bargained Employees* and the *Cingular Wireless Health and Welfare Benefits Plan for Nonbargained Employees* (“Plan Documents”), which regulate the operation of the Plan. The Plan Documents legally govern the operation of the Plan, and are the final authority on the terms of the Plan. The *Other Important Information* section also contains important information about the Vision Plan. You should read that section in conjunction with this SPD.

The Company intends to continue this Vision Plan indefinitely but reserves the right, subject to applicable collective bargaining agreements, to terminate, amend, change, or modify the Vision Plan, retroactively or prospectively, in full or in part, at any time or for any reason, including changes in any or all of the benefits provided. See the *Other Important Information* section for more information regarding Plan amendment and termination.

Contact Information

Cingular Wireless Benefits Service Center

Telephone: 1-877-421-5225

Cingular Wireless Intranet Site: My Cingular/HumanResources/NetBenefits

Internet: netbenefits.fidelity.com

Claims Administrator

VSP Member Services: 1-800-877-7195



Contact Information (cont.)

Claims Office

VSP
P.O. Box 997105
Sacramento, CA 95899-7105
www.vsp.com

Common Terms

Certain terms used in this SPD beginning with a capital letter (such as Employee or Dependent) are defined in the *Eligibility, Enrollment and Other Administrative Provisions* section. The Plan Document legally governs the operation of the Plan and is the final authority on the meaning of the terms of the Vision Plan.

Definitions

Bifocal Lenses...lens that has two different focal lengths ... one to allow the eyes to focus close up and the other to allow the eyes to focus at a distance.

Contact Lenses...lenses that fit directly on the eyeball to correct refraction errors.

Experimental, Developmental and Investigatory Treatment...medical, surgical, diagnostic, or other health services, technologies, supplies, treatments, procedures, drug therapies, or devices that, at the time the Claims Administrator makes a determination regarding coverage in a particular case, are determined to be any of the following:

- Not approved by the U. S. Food and Drug Administration to be lawfully marketed for the proposed use and not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use;
- Subject to review and approval by any institutional review board for proposed use; or
- The Subject of an ongoing clinical trial that meets the definition of a Phase 1, 2 or 3 clinical trial as set forth in the FDA regulations regardless of whether the trial is actually subject to FDA oversight.

Eye Examination...an exam performed by a licensed Ophthalmologist or Optometrist to check your eyes and prescribe treatment if needed. The exam usually includes history, external examination of the eye, determination of refractive status, ophthalmoscopy, tonometry test for glaucoma when indicated, application of pharmaceutical agents for diagnostic purposes when indicated and allowed by the state law, binocular measurement and examination of the interior of the eye, and the prescribing of lenses, if needed.

Frame...a support that holds two eyeglass lenses.

Lens...a corrective device made out of either glass or plastic.

Lenticular Lens...a high powered plastic lens in which the prescribed prescription is proved only over the *central region* of the lens; used primarily for post-cataract Lenses.



Network Provider...an Ophthalmologist or Optometrist who provides one or more vision services and/or eyewear covered under the Vision Plan and who has contracted with the Claims Administrator to provide services and/or eyewear to covered persons.

Non-Network Provider...an Ophthalmologist, Optometrist or Optician who provides one or more vision services and/or eyewear covered under the Plan and who has not contracted with the Claims Administrator to provide such services and/or eyewear to covered persons.

Optician...a person legally qualified to supply eyeglasses according to prescriptions written by an Ophthalmologist or Optometrist.

Optometrist...a doctor of optometry trained and legally qualified to perform eye examinations and prescribe lenses.

Ophthalmologist...a doctor of medicine (M.D.) who is both a medical doctor and a surgeon, licensed to exam, diagnose and treat disorders and diseases of the eye, as well as prescribe corrective lenses (glasses or contacts).

Pharmacist...a person licensed to dispense drugs under the laws of the state in which he/she practices.

Trifocal Lens...Lens that is like a bifocal lens, but has an added narrow area to allow the eye to focus at intermediate distances.

Eligibility

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Enrollment and Effective Dates

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Annual Enrollment

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Changes in Coverage or Enrollment

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Contributions

See the *Eligibility, Enrollment and Other Administrative* section.

When You Take a Leave of Absence

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

When You Are Disabled

See the *Eligibility, Enrollment and Other Administrative Provisions* section.



If You Die

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

When Coverage Ends

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

How to File a Claim

Claims Procedures

Network Provider

Select a Network provider from the Claims Administrator's Provider Directory for your state or location. To receive the Network provider level of benefits, you must visit the provider's location listed in the Provider Directory. You may obtain a Provider Directory by calling the Claims Administrator at 1-800-877-7195. Provider Directories are also available on the **Cingular Wireless Intranet Site: My Cingular/HumanResources/NetBenefits** or on the Internet at **netbenefits.fidelity.com or at www.vsp.com**.

Call your Network provider and make an appointment. Identify yourself as a VSP member and provide your social security number and the Company name. The Network provider will verify your eligibility and plan coverage. If you are eligible, you can proceed with the appointment. If you are not eligible, the Network provider will call you to explain why and discuss available options.

Proceed with your appointment. In addition to any copayments, the Network Provider will itemize any options that are your responsibility. You will receive a copy of the benefit statement for your records. Your Network doctor will submit your claim to the Claims Administrator.

Non-Network Provider

Dollar for dollar you get the best value from your Vision Plan when you visit a network provider. However, you may obtain covered services or eyewear from any other licensed Optometrist, Ophthalmologist or Optician of your choice. If you decide not to see a network provider, you'll receive a lesser benefit and typically pay more out-of-pocket. In addition, you must pay the Non-Network provider in full at the time of your appointment and submit an itemized receipt to the Claims Administrator. The Claims Administrator will reimburse you up to the amounts allowed under the Plan. See the *Benefits Schedules* for benefits payable under the Non-Network provider option. See the following page for information on how to file a claim for services or eyewear received from a Non-Network provider.

When submitting your itemized receipt for reimbursement (including receipts for disposable contacts dispensed by a pharmacist) the following information must be included:

- Your name, phone number and address;
- Your Social Security number;
- Your Company name; and
- The patient's name, relationship to you, and date of birth.

You may also enter your claim information at the Claims Administrator's website, www.vsp.com.



One Year Claim Filing Limitation

Claims must be filed within a year of the date of service. Claims submitted past the filing date will not be considered for reimbursement.

When Your Claim Is Processed

For each claim you submit, you will receive an Explanation of Benefits (EOB) from the Claims Administrator. This statement shows what benefits were paid, who received the payment, and how benefits were calculated. If you receive benefits, you will receive a check and an EOB. If you assign benefits or if no benefits are payable, you will still receive an EOB. Retain the EOB for your records. You will need to include copies of EOBs if you have vision coverage from more than one provider and will be filing coordination of benefits claims.

If Your Claim Is Denied

If a claim for benefits is denied, either in whole or in part, you or your Dependents have the right to appeal the decision. See the *Other Important Information* section.

Coordination of Benefits

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Overpayment

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Right of Recovery

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Unclaimed/Uncashed Benefit Payments

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Plan Administration

See the *Eligibility, Enrollment and Other Administrative Provisions* section.

Your Rights Under ERISA

As a participant or a Dependent of a participant in the Vision Plan, you have rights under the Employee Retirement Income Security Act (ERISA). For more information, see the *Other Important Information* section.

How to File an Appeal

See the *Other Important Information* section.



Benefits Summary

You and your eligible Dependents have two ways to receive vision care. You may receive services covered by the Plan from either a Network or Non-Network provider.

Network Provider

Note: If you do not identify yourself as a VSP participant prior to receiving services from a Network provider, your costs may be reimbursed at the Non-Network provider level of benefits.

A *Network provider* is an Ophthalmologist or Optometrist who has signed an agreement with the Claims Administrator to provide vision services and eyewear covered under the Vision Plan at negotiated rates. Network providers are listed in a directory available from VSP by calling 1-800-877-7195. Network providers may also be found on the **Cingular Wireless Intranet Site: My Cingular/HumanResources/NetBenefits, on the Internet at netbenefits.fidelity.com or www.vsp.com**. When you use a Network provider, the following services and items are provided:

Eye Examination – an analysis of visual functions, including the prescription for corrective eyewear as needed;

Lenses – your Network provider will order the proper lenses and will also verify the accuracy of the finished lenses (refer to the *Benefits Schedules* and *Expenses Not Covered* sections of the SPD for excluded charges);

Frames – a wide variety of frames are available which are fully covered under the Vision Plan. (If you choose a frame outside the selection, you pay any amount above the Vision Plan allowance for covered frames.);

Contacts – an allowance is applied to the cost and you pay the balance of the cost of the lenses, plus any dispensing or fitting fees associated with the contact lenses. Both elective and medically necessary contact lenses (required for certain medical conditions which cannot be corrected with glasses) are covered. (Benefits vary by plan option. See benefit schedules below.)

Your Network provider will file all claims with the Claims Administrator.

Non-Network Provider

If you use a Non-Network provider, the Vision Plan will pay up to a specific benefit limit for the services or eyewear you receive. You pay the difference between the actual charges and the scheduled benefit payment for the covered service or eyewear. See the charts below for information about benefits payable under the Non-Network provider choice. The limit may or may not cover the cost of the services or eyewear you receive. When you use a Non-Network provider, you must pay the provider in full and then file your claim to be reimbursed up to the benefit payment maximum for the service or eyewear.



Benefits Schedule

Nonbargained Employees

First Pair Program

Services	Frequency	Network Providers	Non-Network Providers
Eye Examination	Once every 12 months	Covered in full, less \$15 copayment	Up to \$28
Lenses*	Once every 12 months	Covered in full, less noncovered lens options**	Single Vision – up to \$30 Lined Bifocal – up to \$52 Lined Trifocal – up to \$72 Lenticular – up to \$80
Frame	Once every 24 months	Frame of your choice covered up to \$120. Plus, you receive 20% off any out-of-pocket costs.	Up to \$30
Contacts (in lieu of lenses and frames)*	Once every 12 months	Covered up to \$75***	Up to \$75
Medically Necessary Contacts**** (in lieu of lenses and frames)	Once every 12 months	Covered in full with VSP approval	Up to \$75

*If only one lens is purchased, the maximum benefit per purchase is 50% of the maximum benefit for one pair of lenses. If disposable contacts are purchased, the benefit applies to one purchase rather than one pair.

**Basic lenses are covered in full. Cosmetic options such as tints, progressive lenses, etc., are your responsibility.

***You pay the balance of the cost of the contacts, plus any dispensing or fitting fees associated with the contacts. Your contacts allowance is applied to the cost of your contacts exam (fitting and evaluation) and the contacts. This exam is in addition to your vision exam to ensure proper fit of contacts.

****Medically Necessary contact lenses must be prescribed by your doctor, and required for certain medical conditions which cannot be corrected with glasses, and must be approved by VSP, the Claims Administrator.

Note: The 12-month or 24-month limitation is administered on a month-to-month basis. This means that if you receive an exam in June, you are not eligible to receive an exam again until June of the next calendar year. The date used to determine the 12- or 24-month limitation period is the date of the vision examination or the date lenses and frames are ordered, whichever is applicable.



Benefits Schedule (cont.)

Second Pair Program

Under the Plan, you and your Dependents may obtain a second pair of eyeglasses or contact lenses, **subject to a copayment of \$30** and any charges for services and/or eyewear not covered by the Plan. After your initial purchase of a second pair of eyeglasses or contacts, you must wait 12 months before you are eligible to purchase your next second pair of lenses or contacts and an additional 24 months before you are eligible to purchase another frame. Subsequent 12- or 24-month periods begin on the date you purchased your last second pair of eyeglasses or contact lenses.

The copayment is applicable to each purchase of glasses (lenses and frame) or contacts.

Services	Frequency	Network Providers (\$30 copay applies)	Non-Network Providers
Lenses*	Once every 12 months	Covered in full, less noncovered lens options**	Single Vision – up to \$30 Lined Bifocal – up to \$52 Lined Trifocal – up to \$72 Lenticular – up to \$80
Frame	Once every 24 months	Frame of your choice covered up to \$120. Plus, you receive 20% off any out-of-pocket costs.	Up to \$30
Contacts (in lieu of lenses and frames)*	Once every 12 months	Covered up to \$75***	Up to \$75
Medically Necessary Contacts**** (in lieu of lenses and frames)	Once every 12 months	Covered in full with VSP approval	Up to \$75

**Eyeglass Lenses. If only one lens is purchased, the maximum benefit per purchase is 50% of the maximum benefit for one pair of lenses. If disposable contacts are purchased, the benefit applies to one purchase rather than one pair.*

***Basic lenses are covered in full, subject to the required copayment. Cosmetic options such as tints, progressive lenses, etc., are your responsibility.*

**** You pay the balance of the cost of the contacts, plus any dispensing or fitting fees associated with the contacts. Your contacts allowance is applied to the cost of your contact lens exam (fitting and evaluation) and the contacts. This exam is in addition to your vision exam to ensure proper fit of contacts.*

*****Medically Necessary contact lenses must be prescribed by your doctor, and required for certain medical conditions which cannot be corrected with glasses, and must be approved by VSP, the Claims Administrator.*

Note: The 12- or 24-month limitation is administered on a month-to-month basis. This means that if you exercise your second pair benefit (receive eyeglasses or contacts) in June, you are not eligible to receive another second pair of lenses until June of the next calendar year or another pair of frames until June of the second calendar year. The date used to determine the 12- or 24-month limitation period is the date lenses or frames are ordered.



Bargained Employees

Employees in the National Bargained Plan

First Pair Program

Services	Employee Frequency	Dependent Frequency	Network Providers	Non-Network Providers
Eye Examination	Once every 12 months	Once every 24 months	Covered in full, less \$15 copayment	Up to \$28
Lenses*	Once every 12 months	Once every 24 months	Covered in full, less noncovered lens options**	Single Vision – up to \$30 Lined Bifocal – up to \$52 Lined Trifocal – up to \$72 Lenticular – up to \$80
Frame	Once every 24 months	Once every 24 months	Frame of your choice covered up to \$120. Plus, you receive 20% off any out-of-pocket costs.	Up to \$30
Contacts (in lieu of lenses and frames)*	Once every 12 months	Once every 24 months	Covered up to \$75***	Up to \$75
Medically Necessary Contacts**** (in lieu of lenses and frames)	Once every 12 months	Once every 24 months	Covered in full, less \$15 copayment, with VSP approval	Up to \$75*****

*If only one lens is purchased, the maximum benefit per purchase is 50% of the maximum benefit for one pair of lenses. If disposable contacts are purchased, the benefit applies to one purchase rather than one pair.

**Basic lenses are covered in full. Cosmetic options such as tints, progressive lenses, etc., are your responsibility.

***You pay the balance of the cost of the contacts, plus any dispensing or fitting fees associated with the contacts. Your contact lens benefit is applied to the cost of the contacts exam (fitting and evaluation) and the contacts. This exam is in addition to your vision exam to ensure proper fit of contacts.

****Medically Necessary contact lenses must be prescribed by your doctor, and required for certain medical conditions which cannot be corrected with glasses, and must be approved by VSP, the Claims Administrator.

*****Contact lenses from a Non-Network provider are in lieu of your lenses and frame benefits, and your contact lens reimbursement is applied to the contact lens exam (fitting and evaluation) and the contact lenses.

Note: The 12-month or 24-month limitation is administered on a month-to-month basis. This means that if you receive an exam in June, you are not eligible to receive an exam again until June of the next calendar year. The date used to determine the 12- or 24-month limitation period is the date of the vision examination or the date lenses and frames are ordered.



Benefits Schedule (cont.)

Second Pair Program

Under the Plan, you and your Dependents may obtain a second pair of eyeglasses or contacts, **subject to a copayment of \$30** and any charges for services not covered by the Plan. After your initial purchase of a second pair of eyeglasses or contacts, you must wait an additional 24 months before you are eligible to purchase your next second pair. Subsequent 24-month periods begin on the date you purchased your last second pair of eyeglasses or contacts.

The copayment is applicable to each purchase of eyeglasses (lenses and frame) or contacts.

Services	Frequency	Network Providers (\$30 copay applies)	Non-Network Providers
Lenses*	Once every 24 months	Covered in full, less noncovered lens options**	Single Vision – up to \$30 Lined Bifocal – up to \$52 Lined Trifocal – up to \$72 Lenticular – up to \$80
Frame	Once every 24 months	Frame of your choice covered up to \$120. Plus, you receive 20% off any out-of-pocket costs.	Up to \$30
Contacts (in lieu of lenses and frames)*	Once every 24 months	Covered up to \$75***	Up to \$75
Medically Necessary Contacts**** (in lieu of lenses and frame)	Once every 24 months	Covered in full with VSP approval	Up to \$75

*Eyeglass Lenses. If only one lens is purchased, the maximum benefit per purchase is 50% of the maximum benefit for one pair of lenses. If disposable contacts are purchased, the benefit applies to one purchase rather than one pair.

**Basic lenses are covered in full, subject to the required copayment. Cosmetic options such as tints, progressive lenses, etc., are your responsibility.

*** You pay the balance of the cost of the contacts, plus any dispensing or fitting fees associated with the contacts. Your contacts allowance is applied to the cost of your contact lens exam (fitting and evaluation) and the contacts. This exam is in addition to your vision exam to ensure proper fit of contacts.

****Medically Necessary contact lenses must be prescribed by your doctor, and required for certain medical conditions which cannot be corrected with glasses, and must be approved by VSP, the Claims Administrator.

Note: The 24-month limitation is administered on a month-to-month basis. This means that if you exercise your second pair benefit (receive eyeglasses or contacts) in June, you are not eligible to receive another second pair until June of the second calendar year. The date used to determine the 24-month limitation period is the date lenses and frames are ordered.



Employees at SNET
First Pair Program

Services	Frequency	Network Providers	Non-Network Providers
Eye Examination	Once every 12 months	Covered in full, less \$15 copayment	Up to \$40
Lenses*	Once every 12 months	Covered in full, less \$10 copayment (for lenses and/or frames) and non-covered lens options**	Single Vision – up to \$25 Lined Bifocal – up to \$35 Lined Trifocal – up to \$45 Lenticular – up to \$90
Frame	Once every 24 months	Frame of your choice covered up to \$105. Plus, you receive 20% off any out-of-pocket costs.	Up to \$35
Contacts (in lieu of lenses and frames)*	Once every 12 months	Covered up to \$115***	Up to \$80
Medically Necessary Contacts**** (in lieu of lenses and frames)	Once every 12 months	Covered in full, less \$10 copayment, with VSP approval	Up to \$155

**If only one lens is purchased, the maximum benefit per purchase is 50% of the maximum benefit for one pair of lenses. If disposable contacts are purchased, the benefit applies to one purchase rather than one pair.*

***Basic and oversized lenses are covered in full in addition to scratch coating, anti-reflective coating and tinting. Additional cosmetic options such as progressive or polycarbonate lenses, etc., are your responsibility.*

****You pay the balance of the cost of the lenses, plus any dispensing or fitting fees associated with the contacts. Your contact lens allowance is applied to the contact lens exam (fitting and evaluation) and the contact lenses.*

*****Medically Necessary contact lenses must be prescribed by your doctor, and required for certain medical conditions which cannot be corrected with glasses, and must be approved by VSP, the Claims Administrator.*

Note: The 12-month or 24-month limitation is administered on a month-to-month basis. This means that if you receive an exam in June, you are not eligible to receive an exam again until June of the next calendar year. The date used to determine the 12- or 24-month limitation period is the date of the vision examination or the date lenses and frames are ordered, whichever is applicable.



Benefits Schedule (cont.)

Video Display Terminal Benefit

A video display terminal benefit is available at no cost to all SNET Employees **who are required to work with video display terminals as a part of their jobs**. This benefit provides for the purchase of specialty glasses for use with VDTs. It is available to active Employees only and participation in the Vision Plan is not required. Since this benefit is employment related, this coverage terminates with your employment and it is not eligible for COBRA continuation.

Services	Frequency	Network Providers	Non-Network Providers
Eye Examination	Once every 12 months	Covered in full, less \$10 copayment	Up to \$40
Lenses	Once every 12 months	Covered in full, less \$10 copayment (for lenses and/or frames) and non-covered lens options*	Single Vision – up to \$25 Lined Bifocal – up to \$35 Lined Trifocal – up to \$45 Lenticular – up to \$90
Frame	Once every 24 months	A wide selection of frames are covered in full	Up to \$25

*Basic lenses are covered in full. Cosmetic options such as tinting, progressive lenses, etc., are your responsibility.

Expenses Not Covered

(Applies to All Options)

The Vision Plan does not cover certain types of expenses, including, but not limited to, the following:

- Services or eyewear covered by any other health plan of your Company or by a Health Maintenance Organization (HMO);
- Extra charges for any cosmetic options, such as, but not limited to, tinted, oversized, photosensitive, progressive or anti-reflective lenses, coatings, ultra-violet protection, except as specifically covered;
- Charges for replacement of broken or lost lenses or frames except as available under the Second Pair Program;
- Charges for services or eyewear payable under Workers' Compensation or similar laws;
- Drugs or any other medication;
- Medical or surgical treatment;
- Special or unusual treatment such as orthoptics, vision training, subnormal vision aides, aniseikonic lenses or tomography;
- Services or eyewear not prescribed by a licensed Optometrist or Ophthalmologist and lenses that do not require a prescription;



- Charges for missed appointments;
- Charges for services or eyewear generally considered Experimental, Developmental or Investigatory Treatment;
- Charges for completion of claim forms or filing of claims;
- Services or eyewear available from or covered by any governmental agency or plan;
- Services or eyewear for which you are not obligated to pay or for which no charge would be made in the absence of vision coverage;
- Vision examinations or any materials furnished for any condition, disease, ailment or injury arising out of or in the course of employment;
- Vision examinations performed, and lenses and frames ordered before the patient is covered under the Plan or after termination of coverage;
- Charges for services or eyewear provided as a result of an injury, illness or disease due to the participation in or attempt to commit a felony or assault;
- Charges for any services received as a result of injury or sickness due to an act of war, declared or undeclared, including armed insurrection unless on Company business, including travel, assignment and relocation outside of the United States;
- Lenses provided by someone other than a licensed Ophthalmologist, Optometrist or Optician except for disposable contacts dispensed by a pharmacist;
- Services or eyewear other than those defined under the Plan; or
- Lasik surgery, radial keratotomy and similar procedures.