



PREFERRED GOLD HMO-POS EYE WEAR RIDER

This Rider provides coverage for eyewear products not covered under your Evidence of Coverage (your contract). Unless changed by this Rider, the terms and conditions of your Evidence of Coverage (your contract) apply.

Benefits Covered

1. The member is entitled to \$100 every two years (24 months) toward the purchase of eye glasses or contact lenses.
2. This benefit can be used for the retail price of lenses and/or frames or the retail price of daily wear contact lenses, material, fitting, training, the initial lens care kit, and medically necessary follow-up visits for a period of two months.
3. Eye glass prescriptions must be dated within the previous 24 months and signed by a duly licensed ophthalmologist or optometrist. Contact lens prescriptions must be dated within the previous 6 months and signed by a duly licensed ophthalmologist or optometrist.
4. The following items are not covered:
 - a. Safety glasses required by an employer.
 - b. Non-prescription glasses and contact lenses.
 - c. Extended wear contact lenses.
 - d. Non-prescription sports-related protective eyewear.
5. The amount you pay for eyewear does not count toward your Maximum Out-of-Pocket Amount (the most you will have to pay out-of-pocket for covered medical services). See Chapter 4 of your Evidence of Coverage (your contract) for more information.

Coverage will end if your contract is terminated, the premium is not paid for this Rider, you leave the Group through which this Rider is issued, or the Group through which this Rider is issued discontinues purchasing this Rider.

A handwritten signature in black ink is redacted with a solid black rectangular box.

President and Chief Executive Officer
MVP Health Plan, Inc.