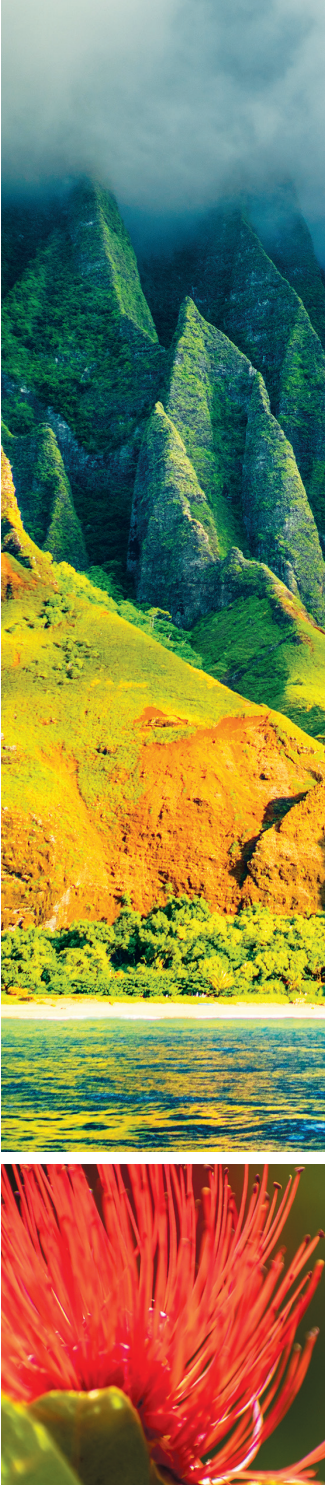


Plan Certificate

Vision Care Rider



HAWAII MEDICAL SERVICE ASSOCIATION

Special Vision Care Benefits Rider

I. ELIGIBILITY

This Rider provides coverage which is supplementary to coverage provided under the Association's medical plan. A Beneficiary's coverage under this Rider commences and ends as of the same dates the Beneficiary's coverage under the medical plan commences and ends.

II. PROVISIONS OF THE MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEFINITIONS

When used in this Rider:

(1) **"Association"** means the HAWAII MEDICAL SERVICE ASSOCIATION (HMSA), an independent licensee of the Blue Cross and Blue Shield Association.

(2) **"Ophthalmologist" (M.D.)** means a physician who is appropriately licensed to practice by the proper government authority and who renders services within the lawful scope of such license.

(3) **"Optometrist" (O.D.)** means a person who is appropriately licensed to practice optometry by the proper government authority and who renders services within the lawful scope of such license.

(4) **"Participating Provider"** means a provider of services who, when rendering most services covered by this Rider to a Beneficiary, agrees with the Association to collect not more than

- (a) a specified amount paid by the Association and
- (b) the Beneficiary's Copayment as specified in this

Rider.

As an exception, a Special Vision Care Participating Provider does not agree to limit charges for contact lenses and fitting of contact lenses. In this case, the Association's benefit payment will not exceed the amount specified in Sections IV(2)(a)(ii) and (iii), IV(4)(a), V(2)(a)(ii) and (iii), and V(4)(a), and the Beneficiary is responsible for all charges in excess of the Association's benefit payment. In addition, the provider must be listed on HMSA's Special Vision Care Rider List of Participating Providers. When you require routine vision care outside the state of Hawaii, we participate with other Blue Cross and/or Blue Shield Plans in a program called the BlueCard Program. This BlueCard program offers HMSA members advantages when they receive routine vision care outside the area this plan services. Benefit payments for covered services received outside the state of Hawaii are based on contracts negotiated between the out-of-state Blue Cross and/or Blue Shield Plans and BlueCard participating routine vision care providers.

IV. VISION CARE BENEFITS FOR ADULTS

Subject to the provisions of this Rider, a Beneficiary is entitled to the following vision care benefits:

- (1) Payment for one eye examination per Calendar Year.

(a) For Participating Providers, the Beneficiary owes a \$10.00 Copayment to the Participating Provider. The Association pays the Participating Provider 100% of the remaining Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for the examination -- the Association reimburses the Beneficiary up to \$40.00.

- (2) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

(i) 100% of the remaining Eligible Charges after a \$10.00 Copayment for one pair of single vision or multifocal lenses; or

(ii) up to \$130.00 after a \$25.00 Copayment for one pair of non-disposable contact lenses; or

(iii) up to \$130.00 after a \$25.00 Copayment for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

- (i) up to \$16.00 for single vision lenses; or
- (ii) up to \$25.00 for multifocal lenses; or
- (iii) up to \$50.00 for contact lenses.

- (3) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges after a \$15.00 Copayment for frames from the designated group.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to \$12.00. Payment is subject to the provisions of Section VI(2) below.

- (4) Payment for fitting of contact lenses, one fitting per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider up to \$45.00 for fitting of contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for fitting of contact lenses -- the Association reimburses the Beneficiary up to \$20.00.

V. VISION CARE BENEFITS FOR CHILDREN (THROUGH AGE 18)

Subject to the provisions of this Rider, a Beneficiary is entitled to the following vision care benefits:

- (1) Payment for eye examination.

(a) For Participating Providers, the Beneficiary owes a \$10 Copayment to the Participating Provider for one eye examination per Calendar Year. The Association pays the Participating Provider 100% of the remaining Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for the examination -- the Association reimburses the Beneficiary up to \$40.00.

- (2) Payment for the following lenses.

(a) For Participating Providers, the Association pays the Participating Provider:

(i) 100% of the remaining Eligible Charges after a \$10.00 copayment for one pair of single vision or multifocal lenses per calendar year; or

(ii) 100% of charges after a \$25.00 Copayment for one pair of non-disposable contact lenses per calendar year; or

(iii) 100% of charges after a \$25.00 Copayment for disposable contact lenses per Calendar Year.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

- (i) up to \$16.00 for single vision lenses;
- (ii) up to \$25.00 for multifocal lenses; or
- (iii) up to \$50.00 for contact lenses.

- (3) Payment for frame.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges after a \$15.00 Copayment for one frame every 24 months from the designated group.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to \$12.00. Payment is subject to the provisions of Section VI(2) below.

- (4) Payment for fitting of contact lenses.

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges for fitting of contact lenses, one fitting per Calendar Year.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for fitting of contact lenses -- the Association reimburses the Beneficiary up to \$20.00.

(5) Payment for polycarbonate lenses. Payment for polycarbonate lenses is made in addition to benefits for standard lenses stated under Section V(2).

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges for one pair of polycarbonate lenses per Calendar Year.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for polycarbonate lenses -- the Association reimburses the Beneficiary up to \$18.00.

VI. LIMITATIONS AND EXCLUSIONS

(1) **Limitations.** The payments specified in Section IV and V above shall be made by the Association only when services are rendered in connection with an eye examination for correction of a visual defect and when the frame or lenses are required as a result of such examination. In no event will the Association make allowances for more than one such eye examination during any Calendar Year for each Beneficiary and one frame whether as an original or replacement frame every 24 months for each Beneficiary.

(2) **Limitations on Frames and Lenses.**

(a) The allowance specified in Section IV(3) and V(3) above is for a complete frame only. Charges for repair or replacement of a portion of the frame or cost of accessories are not eligible for payment.

(b) If lenses are replaced without furnishing a new frame, the total allowance for both a frame and lenses **may not** be used toward the cost of such lenses or the cost of contact lenses.

(c) Benefits for lenses and frames from a Participating Provider are for standard-size lenses and a frame from the Participating Provider's "designated group". If a Beneficiary selects nonstandard-size lenses or frames that are not from the "designated group", the Association will pay up to 100% of the maximum charges allowed for standard-size lenses or a "designated group" frame. The Beneficiary then pays the balance of the charges.

(d) If contact lenses are furnished, no benefits are payable for frames in the same Calendar Year. If benefits for a frame have already been paid in a Calendar Year, those benefits shall be deducted from the benefits payable for any contact lenses furnished in the same Calendar Year.

(3) **Exclusions.** No payment will be made under this Rider for:

(a) Lenses including:

(i) Nonstandard items for lenses including tinting, blending.

(ii) Oversized lenses, and invisible bifocals or trifocals, except polycarbonate lenses stated in Section V(5).

(iii) Telescopic lenses.

(iv) Low vision lenses.

(v) Corrective low vision lenses.

(vi) Contact lenses following cataract surgery.

(b) Nonprescription industrial safety goggles.

(c) Prescription inserts for diving masks and any protective eyewear.

(d) Repair and replacement of frame parts and accessories.

(e) Sunglasses.

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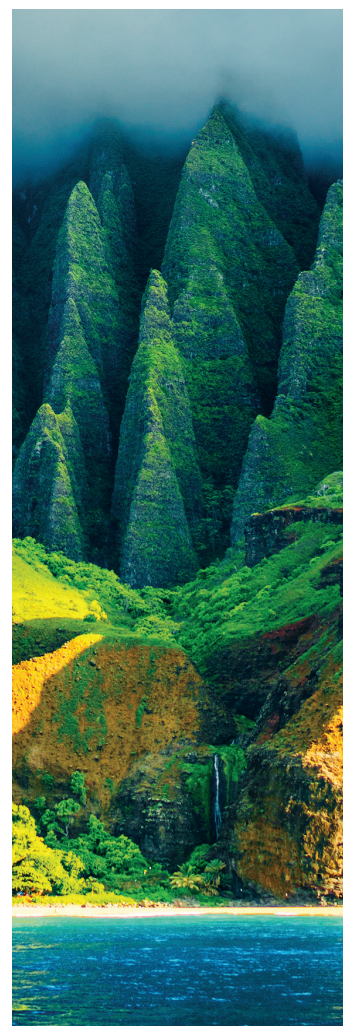
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