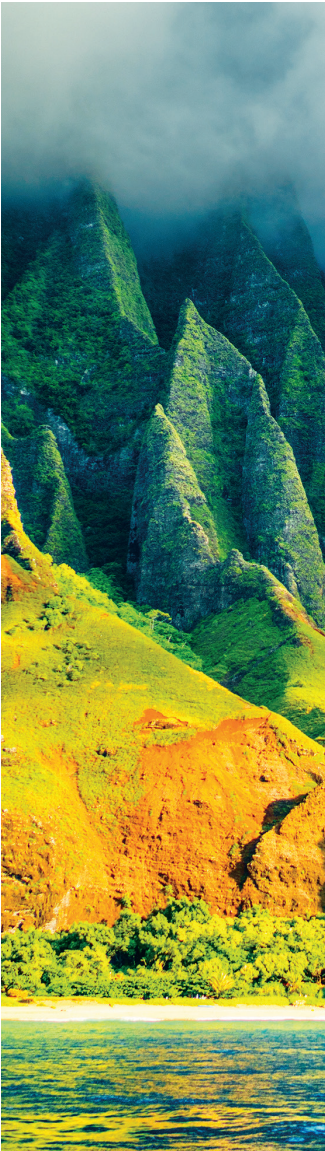


Plan Certificate

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. In this case, the Association's benefit payment will not exceed the amount specified in Sections IV(2)(a)(ii)(iii), IV(4)(a), and V(2)(a)(ii), 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 Association pays the Participating Provider 100% of 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) up to \$400.00 for single vision or multifocal lenses including tinting, UV lenses, polycarbonate lenses, and anti-reflective coating; or

(ii) up to \$500.00 for one pair of non-disposable contact lenses; or

(iii) up to \$500.00 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.

Payment is subject to the provisions of Section VI(2) below.

(3) Payment for frames.

(a) For Participating Providers, the Association pays the Participating Provider up to \$400.00 of Eligible Charges for frames.

(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 100% 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.

(5) Payment for Prescription Sunglasses.

(a) For Participating Providers, the payment for sunglasses is included in the payment for lenses and subject to the benefit limitations of Section IV(2)(a).

(b) For nonparticipating providers, the Beneficiary owes 100% of the entire charge.

Payment is subject to the provisions of Section VI(2) below.

(6) Payment for LASIK/PRK Surgery.

(a) For Participating Providers, the Association pays the Participating Provider up to \$5000.00 per calendar year.

(b) For nonparticipating providers, the Beneficiary owes 100% of the entire charge for LASIK/PRK surgery - the Association reimburses the Beneficiary up to \$5000.00 per calendar year.

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 Association pays the Participating Provider 100% of Eligible Charges for one eye examination per Calendar Year.

(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 Eligible Charges for single vision or multifocal lenses; or

(ii) 100% of Charges for two pairs of non-disposable contact lenses or 100% of charges for disposable contact lenses twice 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.

Payment is subject to the provisions of Section VI(2) below.

(3) Payment for frames.

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges.

(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 deluxe frames.**

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames.

Payment is subject to the provisions of Section VI(2) below.

(5) **Payment for fitting of contact lenses.**

(a) For Participating Providers, the Association pays the Participating Provider 100% 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.

(6) **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.

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

(7) **Payment for tinting, UV lenses, and anti-reflective coating. Payment for any services 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%.

(b) For nonparticipating providers, the Beneficiary owes the entire charge.

(8) **Payment for Prescription Sunglasses. Payment for sunglasses 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%.

(b) For nonparticipating providers, the Beneficiary owes 100% of the entire charge.

Payment is subject to the provisions of Section VI(2) below.

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 two frames whether as an original or replacement frame every 12 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) Any combination of two of the following appliance benefits each calendar year: single vision glasses (includes lenses and frame), multifocal glasses (includes lenses and frame), contact lenses, or frames.

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

(a) Lenses including:

(i) Telescopic lenses.

(ii) Low vision lenses.

(iii) Corrective low vision lenses.

(iv) 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.

VII. TAXES

(1) **LASIK/PRK surgery.** The Association pays up to \$5,000 of charges and taxes related to LASIK surgery obtained by either a nonparticipating or Participating Provider in a calendar year.

(2) **All other services or supplies obtained from**

Participating Providers. You are not responsible for taxes related to all other services or supplies covered under this Rider if they are obtained from Participating Providers. Allowances described in this Rider may be used to cover both charges for services and supplies plus any related taxes.

Serving you

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Visit hmsa.com for directions.

HMSA Center @ Honolulu

818 Keeaumoku St.

Monday through Friday, 8 a.m.-5 p.m. | Saturday, 9 a.m.-2 p.m.

HMSA Center @ Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday through Friday, 9 a.m.-6 p.m. | Saturday, 9 a.m.-2 p.m.

HMSA Center @ Hilo

Waiakea Center | 303A E. Makaala St.

Monday through Friday, 9 a.m.-6 p.m. | Saturday, 9 a.m.-2 p.m.

HMSA Center @ Kahului

Puunene Shopping Center | 70 Hookele St.

Monday through Friday, 9 a.m.-6 p.m. | Saturday, 9 a.m.-2 p.m.

Customer Relations representatives are also available in person at our Kauai office, Monday through Friday, 8 a.m.-4 p.m.:

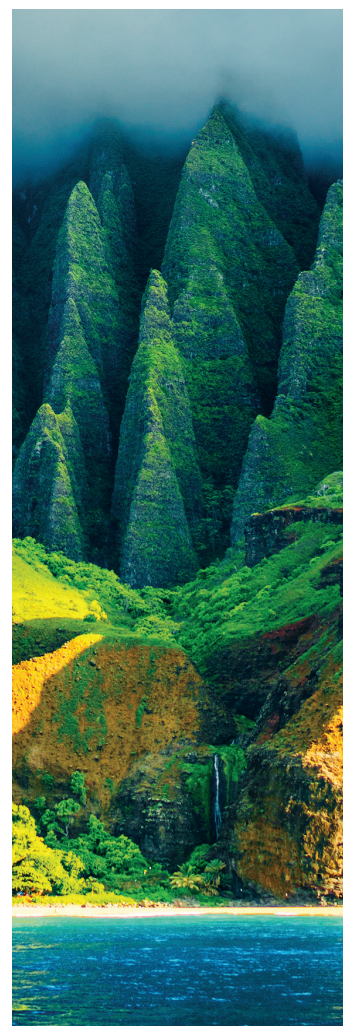
Lihue, Kauai

4366 Kukui Grove St., Suite 103 | Phone: (808) 245-3393

Contact HMSA. We're here with you.

Call (808) 948-6111 or 1 (800) 776-4672.

hmsa.com



Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

