



**WESTERN MUTUAL
INSURANCE COMPANY**

Vision Policy

Western Mutual Insurance Company
An Affiliate of Western Petroleum Marketers Association

**PO Box 572450
Murray, UT 84157
(801) 263-8000 & (800) 748-5340
Fax: (801) 263-1247**

VISION POLICY

The foregoing policy form is hereby supplemental as follows:

A. Schedule of Benefits:

<u>Plan</u>	<u>Services</u>	<u>Amount Paid by</u>
	1. Eye Examinations	\$75 per year
	2. Materials (must be prescription)	
	a. Single Vision (each lens)	\$50 per year
	b. Bi-Focal Lens (each lens)	\$75 per year
	c. Tri-Focal (each lens)	\$100 per year
	3. Contact Lenses (per pair of contact lenses and in lieu of other lenses)	\$100 per year
	4. Frames	\$100 every other calendar year

B. Limitations: The following limitations apply to the benefits under the Vision Plan.

1. Examinations are limited to one in any Calendar Year.
2. Lenses are limited to one (1) set in any Calendar Year.
3. Contact lenses are limited to one (1) set in any Calendar Year. Disposable contact lenses are not limited to one (1) set of lenses in a Calendar Year, however, they are subject to the benefit maximums.
4. Frames are limited to one (1) set in any two Calendar Years.

C. Exclusions: No benefits shall be payable under the Vision Plan for any of the following.

1. Expenses for services, supplies or treatment that are not recommended and approved by a licensed optometrist or ophthalmologist are not covered.
2. Expenses for non-prescription lenses or plano lenses are not covered.

3. Expenses for examinations that are: (i) performed in connection with employment; (ii) normally provided without charge to the employee; or (iii) paid by an employer or government agency are not covered.
4. Expenses for visual training (including orthoptics) are not covered.
5. Expenses for any examination that commenced, or for the filling of a prescription for lenses or frames that were ordered, prior to the effective date of the Vision Benefit are not covered.
6. Expenses for materials that were furnished as the result of an examination that commenced prior to the effective date of the Vision Benefit are not covered.
7. Charges for services, supplies or treatment for which benefits are payable under the major medical Plan are not covered. This exclusion only applies if Benefits are payable under the Major Medical Plan.
8. Expenses for surgery on the eye to improve refraction are not covered. This exclusion includes, but is not limited to: laser surgery; radial keratotomy; orthokeratology; corneal carving; and corneal slicing.

D. Major Medical Plan Provisions: All of the provisions of the major medical Plan, except the Benefits provisions, apply to the Vision Plan unless they are specifically modified herein.

E. General Provisions:

1. The Vision Benefit is an optional benefit that is in addition to the major medical Plan. In the event of a conflict between the major medical Plan and the Vision Plan, the plan that provides the maximum coverage will apply.
2. Plan Year: The Plan Year is a Calendar Year. (*i.e.*, January 1 through December 31.)
3. Participation in the Vision Plan: In order for an Employee and his Dependent(s) to participate in the Vision Plan, both of the following conditions must be satisfied.
 - (a) An Employee and Dependent(s) must be enrolled in the Western Mutual Insurance Company major medical Plan.
 - (b) An Employee and Dependent(s) must elect the Vision Benefit and pay all applicable premiums.

An Employee and his Dependent(s) may enroll in the Vision Plan by submitting a properly completed enrollment card at the time of the initial enrollment of the Employer. An Employee and his Dependent(s) may also enroll in the Vision Plan during a subsequent Open Enrollment Period by submitting a properly completed enrollment card.