



WESTERN MUTUAL INSURANCE COMPANY

Vision Policy

Western Mutual Insurance Company
An Affiliate of Western Petroleum Marketers Association

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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. The Vision Plan limits examinations to one examination during any calendar year.
2. The Vision Plan limits lenses to one (1) set of lenses in any Calendar Year.
3. The Vision Plan limits contact lenses to one (1) set of lenses 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. The Vision Plan limits frames to one set in any two calendar years.

C. Exclusions: No benefits shall be payable hereunder for the following:

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

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.
4. Expenses for visual training (including orthoptics).
5. Expenses for any examination commenced, or filling of a prescription for lenses or frames ordered, prior to the effective date of the Vision Benefit.
6. Expenses for materials furnished as the result of an examination commenced prior to the effective date of the Vision Benefit.
7. Charges for services, supplies or treatment for which benefits are payable under the Major Medical Plan. (This exclusion applies only insofar as benefits are payable under the Major Medical Plan.)
8. Expenses for surgery on the eye to improve refraction. This exclusion includes, but is not limited to: laser surgery; radial keratotomy; orthokeratology; corneal carving; and corneal slicing.

D. Major Medical Plan Provisions: Except as specifically modified herein, all provisions of the Major Medical Plan, except the benefits provisions, apply to the Supplemental Vision Benefit Plan.

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 Supplemental Vision Plan, the plan that provides the maximum coverage will apply.
2. Plan Year: Calendar Year. (*i.e.*, January 1 through December 31.)
3. Participation in the Vision Plan: In order for an Employee and his Dependents to participate in the Vision Plan, the following conditions must be satisfied.
 - (a) An Employee and Dependent(s) must be enrolled in the Western Mutual Insurance Company Major Medical Plan; and
 - (b) All Eligible Employees of the Employer group and insured Dependents 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 Employer's initial enrollment or any subsequent Open Enrollment Period.