

Coventry *ONE*[®]

VISION CARE RIDER

This Rider is an amendment to the Coventry Health Care of Georgia, Inc. ("Coventry") Individual Member Contract. The purpose is to provide benefits for an eye examination and refraction if provided by a Vision Network Provider.

Important Information About This Rider: Coventry utilizes a separate vision network for the provision of routine vision care services. The vision network is different from Coventry's Provider network. Coventry Providers provide medical services Covered under the Plan. Vision Network Providers provide the routine vision care services Covered under this Rider. For a list of Vision Network Providers, please visit our website at www.chcga.com or call Customer Service at 1-800-395-2545.

Vision Care Benefits

A. Benefits. Subject to the limitations, exclusions and Copayments described herein, the following vision care benefits will be provided:

1. Eye Examination. You must pay a fifteen dollar (\$15) Copayment directly to the Vision Network Provider for one (1) eye examination and refraction every twelve (12) months under this Rider.

Eye examinations include, at the Participating Vision Provider's discretion and if Medically Necessary:

- (a) medical history
- (b) evaluation of visual acuity
- (c) external examination of the eye
- (d) binocular measure
- (e) ophthalmoscopic examination
- (f) medication for dilating pupils and desensitizing the eyes for tonometry
- (g) summary and findings
- (h) a determination as to the need for correction of visual acuity
- (i) prescribing lenses if needed
- (j) confirming the appropriateness of eyeglasses or contact lenses obtained under the prescription

2. Standard Eyeglass Benefit and Contact Lens Allowance. You have no Coverage.

B. Member Eligibility. If You were previously eligible for vision rider benefits under another Coventry plan and:

- there was no lapse in the previous Coverage, then Your Coverage under this Rider is considered to have been continuous for the purpose of applying the frequency limitations referenced in this Rider;
- there was a lapse in the previous Coverage, then Your Coverage under this Rider is considered to be independent of any benefits previously received.

C. Limitations. At least twelve (12) months must have elapsed since You last received benefits under this Rider. Exceptions to the frequency of benefits may be made if Medically Necessary and with approval from Coventry.

The benefits under this Rider may not be combined with any sale, special offer or promotional pricing.

Payments You make for Covered Services under this Rider do not count to the Deductible or Out-of-Pocket Maximum under the Plan. The Plan Deductible and Out-of-Pocket Maximum amounts are listed in Your Schedule of Benefits.

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EXCLUSIONS

The following are not covered under this Rider:

- A. Costs of eyeglasses (including lenses, frames or installation of lenses);
- B. Costs of contact lenses (including lenses, fitting and follow-up care);
- C. Services provided by a Non-Vision Network Provider, except in an emergency, as determined solely by Coventry;
- D. Materials required by an employer as a condition of employment;
- E. Materials provided as a result of any workers compensation law or similar legislation;
- F. Any material obtained through, or required by, a governmental agency;
- G. Drugs or other medications not administered for the purpose of the vision examination;
- H. Special or unusual procedures, such as but not limited to, orthoptics, vision training, subnormal vision aids, rehabilitative services, tonography, or services which are experimental in nature; and
- I. Cosmetic eye surgery, which includes any surgery for the improvement of appearance rather than the correction of vision.



Chief Executive Officer
Coventry Health Care of Georgia, Inc.