

**Exhibit A**

**Plan Design Features**

<b>Type of Plan</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Dependent Children covered up to:</b>	Age 26	
<b>Frequency</b>	Every 12 Months	
<b>Vision Care Services</b>	<b>Co-Pay</b>	<b>Reimbursement</b>
<b>Eye Exam for Glasses or Contacts</b>	\$0	\$40
<b>Frames</b>	\$180 Allowance; 20% off balance over \$180	\$75
<b>Lenses</b>		
Single Vision	\$20	\$30
Bifocal	\$20	\$40
Trifocal	\$20	\$50
Lenticular	\$20	\$180
Progressive	Standard brands: \$70 Premium brands: \$70 plus 80% of charge less \$120 Allowance	\$75
<b>Lens Option</b>		
Tints	\$15	Not Covered
Scratch Resistant Coating	\$15	Not Covered
Ultra Violet Coating	\$15	Not Covered
Anti-Reflective Coating	\$45	Not Covered
Polycarbonate	\$40	Not Covered
Polycarbonate (dep<19)	\$0	\$14
Solid or Gradient Tint	20% off retail price	Not Covered
Glass only for non-minors	20% off retail price	Not Covered
Photo Chromic glass	20% off retail price	Not Covered
Transition SV	20% off retail price	Not Covered
Transition BF	20% off retail price	Not Covered
Transition Varilux or similar	20% off retail price	Not Covered
Varilux Comfort Progressive or Similar	20% off retail price	Not Covered
High Index SV	20% off retail price	Not Covered
High Index BF	20% off retail price	Not Covered
High Index 1.6 SV	20% off retail price	Not Covered
High Index 1.66 MF	20% off retail price	Not Covered
Premium AR	20% off retail price	Not Covered
Ultra AR	20% off retail price	Not Covered
Polarized	20% off retail price	Not Covered
<b>Contact Lens (allowances includes materials only)</b>		
Daily & Extended Wear in-lieu of lenses	Conventional: \$0 Co-pay; \$100 Allowance; 15% off balance over \$100  Disposable: \$0 Copay; \$100 Allowance	\$100
Medically necessary in-lieu of lenses	\$0 Copay; \$360 Allowance	\$100