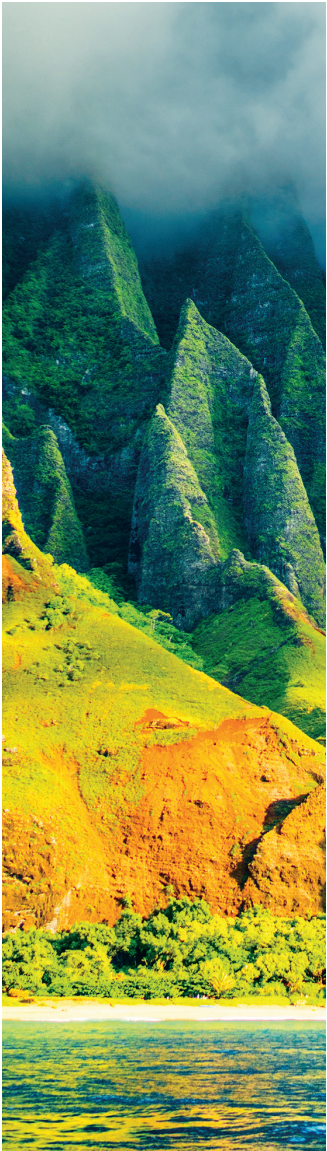


Plan Certificate

Vision Care Rider



An Independent Licensee of the Blue Cross and Blue Shield Association

HAWAI'I MEDICAL SERVICE ASSOCIATION
Health Plan Hawaii – HPH Plus
Vision Care Benefits Rider

I. ELIGIBILITY

This Rider provides coverage which is supplementary to coverage provided under the basic Health Plan Hawaii Guide to Benefits. A Beneficiary's coverage under this Rider commences and ends as of the same dates the Beneficiary's coverage under the Health Plan Hawaii Guide to Benefits commences and ends.

II. PROVISIONS OF MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of the Health Plan Hawaii Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEFINITIONS

(1) **"Association"** means the HAWAI'I MEDICAL SERVICE ASSOCIATION (HMSA), an independent licensee of the Blue Cross and Blue Shield Association.

(2) **"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 participating provider for vision care does not agree to limit charges for contact lenses and fitting of contact lenses. In this case, the Association's benefit payment will not exceed the amount specified in Sections IV(1)(a)2, IV(3)(a), V(1)(a)2 and V(3)(a), and the Beneficiary is responsible for all charges in excess of the Association's benefit payment. Vision Care Participating Providers are listed in Health Plan Hawaii's HMO Vision Appliance Directory 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

The Beneficiary is eligible to receive the following vision care benefits.

(1) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

- 1. 100% of Eligible Charges after \$10.00 Copayment for one pair of single vision or multifocal lenses;
- 2. up to \$130.00 after \$25.00 Copayment for one pair of non-disposable contact lenses; or
- 3. up to \$130.00 after \$25.00 Copayment for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

- 1. up to \$16.00 for single vision lenses; or
- 2. up to \$25.00 for multifocal lenses; or
- 3. up to \$50.00 for contact lenses.

(2) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges less \$15.00 Copayment for frames from the designated group.

(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).

(3) Payment for fitting of contact lenses is made in conjunction with covered contact lenses.

(a) For Participating Providers, the Association pays the Participating Provider up to \$45.00 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.

**V. VISION CARE BENEFITS FOR CHILDREN
(THROUGH AGE 18)**

The Annual Copayment Maximum described in Chapter 2 of HMSA's Guide to Benefits applies to the children's vision care benefits listed in this section. The Annual Copayment Maximum is the maximum copayment amounts you pay in a calendar year. Once you meet the copayment maximum you are no longer responsible for copayment amounts unless otherwise noted. Refer to your HMSA Guide to Benefits for the annual copayment maximum amount.

The Beneficiary is eligible to receive the following vision care benefits.

(1) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

- 1. 100% of Eligible Charges after \$10.00 Copayment for one pair of single vision or multifocal lenses;
- 2. up to 50% of Charge for one pair of non-disposable contact lenses; or
- 3. up to 50% of Charge for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

- 1. up to 50% of Eligible Charge for one pair of single vision or multifocal lenses; or
- 2. up to 50% of Charge for contact lenses.

(2) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges less \$15.00 Copayment for frames from the designated group.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to 50% of Eligible Charge.

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

(3) Payment for fitting of contact lenses is made in conjunction with covered contact lenses.

(a) For Participating Providers, the Association pays the Participating Provider up to 50% of Eligible Charge 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 50% of Eligible Charge for fitting of contact lenses.

(4) Payment for one pair of polycarbonate lenses per Calendar Year for children age 18 and under. Payment for polycarbonate lenses is made in addition to benefits for standard lenses stated under Section V(1).

(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 50% of Eligible 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 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 frame whether as an original or replacement frame every 24 months for each Beneficiary. General excise or other tax is not included in the vision appliance reimbursements. The Beneficiary is responsible for paying all taxes.

(2) Limitations on Frames and Lenses.

(a) The allowance specified in Section IV(2) and V(2) 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) Benefits for lenses and frames from a Participating Provider are for standard-size lenses and a frame from the Participating Provider's "designated group". If a Beneficiary selects nonstandard-size lenses or frames that are not from the "designated group", the Association will pay up to 100% of the maximum charges allowed for standard-size lenses or a "designated group" frame. The Beneficiary then pays the balance of the charges.

(d) If contact lenses are furnished, no benefits are payable for frames in the same Calendar Year. If benefits for a frame have already been paid in a Calendar Year, those benefits shall be deducted from the benefits payable for any contact lenses furnished in the same Calendar Year.

(e) Vision Care Benefits for Adults (eye examination, lenses, and frames) will not be available in the same calendar year the Beneficiary received similar benefits allowed under Vision Care Benefits for Children.

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

(a) Vision exams (refer to the Routine and Preventive section of the medical plan for a description of vision exam benefits).

(b) lenses including:

1. Nonstandard items for lenses including tinting, blending.
2. Oversized lenses, and invisible bifocals or trifocals, except polycarbonate lenses stated in Section V(4).
3. Telescopic lenses.
4. Low vision lenses.
5. Corrective low vision lenses.
6. Contact lenses following cataract surgery.

(c) Nonprescription industrial safety goggles.

(d) Prescription inserts for diving masks and any protective eyewear.

(e) Repair and replacement of frame parts and accessories.

(f) Sunglasses.

VII. CLAIM AND PAYMENTS FOR VISION CARE BENEFITS

All provisions and conditions of the Health Plan Hawaii Guide to Benefits regarding claim and payment for services shall apply to this Rider, except when a Beneficiary has paid in full for vision care benefits received, then the Association shall reimburse the Member to the same extent that it would have directly paid the provider of services. The Beneficiary must submit to the Association a report of services rendered. The report must be submitted upon such form or forms as the Association shall prescribe.

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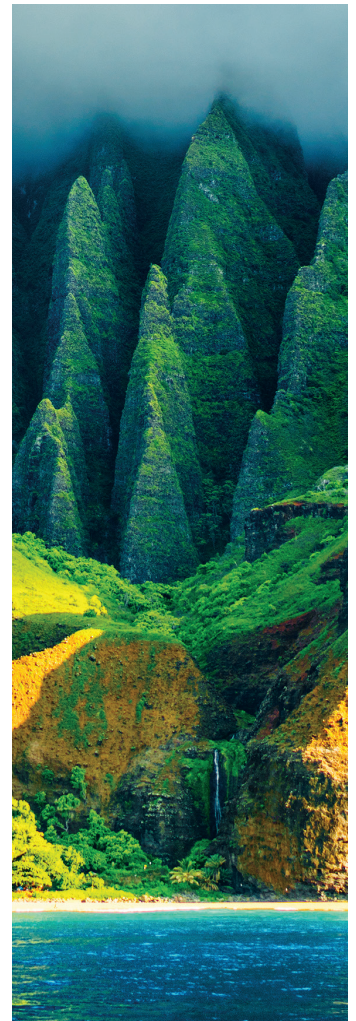
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Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

