

LOUISIANA SHERIFFS' ASSOCIATION

SCHEDULE OF VISION BENEFITS

| PLAN NAME | PLAN NUMBER |
|--|--------------------------------|
| Louisiana Sheriffs' Association – Voluntary Plan 2 | 722XXFF4 |
| PLAN'S ORIGINAL BENEFIT PLAN DATE | PLAN'S ANNIVERSARY DATE |
| July 1, 2015 | July 1st |

| NETWORK COVERED BENEFITS – <i>Non-Network Benefits are not available under this Plan.</i> | |
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| BENEFIT AND FREQUENCY | PLAN PARTICIPANT RESPONSIBILITY |
| Routine Eye Health Examination Inclusive of Dilation – Once every twelve (12) months | \$0 Copay |
| Spectacle Lenses – One (1) per eye every twelve (12) months | \$15 Copay |
| Single Vision | Included |
| Choice of Plastic or Glass Lenses | Included |
| Scratch-Resistant Coating | Included |
| Lined Bifocal Lenses | Included |
| Lined Trifocal Lenses | Included |
| Oversized Lenses | Included |
| Lenticular Lenses | Included |
| Polycarbonate Lenses | |
| • Children under nineteen (19) years old | Included |
| • Monocular Plan Participants | Included |
| • Plan Participants with Prescriptions not more than +/-6.00 diopters | Included |
| • Adults not mentioned above | \$30 Network pricing |
| Fashion and Gradient Tinting of Plastic Lenses | Included |
| Ultraviolet Coating | \$12 Network pricing |
| Anti-Reflective (AR) Coating | |
| • Standard | \$35 Network pricing |
| • Premium | \$48 Network pricing |
| • Ultra | \$60 Network pricing |
| Progressive Lenses | |
| • Standard | \$50 Network pricing |
| • Premium | \$90 Network pricing |
| • Ultra | \$140 Network pricing |
| Intermediate-Vision Lenses | \$30 Network pricing |
| Blended-Segment Lenses | \$20 Network pricing |
| High-Index Lenses | \$55 Network pricing |
| Polarized Lenses | Included |
| Photochromic Glass Lenses | Included |

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| Plastic Photosensitive Lenses | Included |
| Scratch Protection Plan | |
| <ul style="list-style-type: none"> • Single Vision | \$20 Network pricing |
| <ul style="list-style-type: none"> • Multifocal Lenses | \$40 Network pricing |
| Eyeglass Frames - One (1) every twenty-four (24) months | |
| Non-Collection Frames | Up to \$150 Allowance Plus a 20% discount* on any overage |
| Davis Vision Collection Frames <i>(only available at certain Network Providers)</i> | |
| <ul style="list-style-type: none"> • Fashion Level | Included |
| <ul style="list-style-type: none"> • Designer Level | Included |
| <ul style="list-style-type: none"> • Premier Level | \$25 Network pricing |
| Contact Lenses in lieu of Eyeglasses - One (1) per eye every twelve (12) months | |
| Standard Contact Lenses | |
| <ul style="list-style-type: none"> • Materials only | Up to \$130 Allowance Plus a 15% discount* on any overage |
| <ul style="list-style-type: none"> • Evaluation, Fitting and Follow-up Care | Included |
| Specialty Contact Lenses | |
| <ul style="list-style-type: none"> • Materials only | Up to \$130 Allowance Plus a 15% discount* on any overage |
| <ul style="list-style-type: none"> • Evaluation, Fitting and Follow-up Care | Up to \$60 Allowance Plus a 15% discount* on any overage |
| Medically Necessary Contact Lenses | |
| <ul style="list-style-type: none"> • Prior Authorization Required | Included |
| <ul style="list-style-type: none"> • Includes Materials, Evaluation, Fitting and Follow-up Care | Included |

SPECIAL NOTES

Providers may be required in some areas to collect sales taxes over the value of covered and discounted items and services. The Plan Participant must pay any sales taxes.

* Discounts are not available at Costco, Walmart or Sam's Club locations.

Laser Vision Correction is not a covered Benefit.

One-year Eyeglass breakage warranty included.

ELIGIBILITY WAITING PERIOD

The Plan Administrator will determine the Eligibility Waiting Period and Effective Date of coverage for all eligible Employees and their Dependents.