Underwritten by SafeHealth Life Insurance Company

Individual Vision Rider Indemnity Plan

SAFEHEALTH LIFE INSURANCE COMPANY
Post Office Box 30930
Laguna Hills, CA 92654-0930

INDIVIDUAL ACCIDENT AND HEALTH
Vision Indemnity/PPO Master Policy Rider

The Policyholder is:
Policy Number:

SafeHealth Life Insurance Company ("SafeHealth") insures, subject to the provisions, limitations and other terms contained herein, as part of the Dental agreement that this rider is attached to, it is agreed that each Covered Person shall be entitled to receive vision benefits in accordance with the Summary of Benefits set forth below and subject to the Exclusions and Limitations set forth below. Vision benefits are available under this Plan only while the Covered Person is enrolled in SafeGuard. Should the Covered Person terminate from SafeGuard for any reason, the benefits available through this rider shall end in accordance with the terms of the SafeGuard Master Policy.

CONSIDERATION. This Policy Rider is issued in consideration of the payment of premiums and the other terms set forth in the Master Policy to which it is attached.

ADDITIONAL PAGES. The provisions, limitations and other terms set forth in this Policy Rider are a part of this contract as fully as if appearing over the signature hereto.

IN WITNESS WHEREOF – SafeHealth has caused this Policy Rider to be executed effective at 12:01 A.M., Standard Time on _____ ,at the address of the Policyholder for an initial term of one year. This Policy may be renewed thereafter as herein provided.

JAMES E. BUNCHER
Chief Executive Officer

RONALD I. BRENDZEL
Senior Vice President and Secretary

This plan contains a deductible provision.

NOTICE OF TEN (10) DAY RIGHT TO EXAMINE POLICY
You may return this Policy for cancellation within ten (10) days of its delivery to you and your premium will be fully refunded, if after examination of the Policy, you are not satisfied with it for any reason.

If you return the Policy to the Company it shall be void from the beginning and you and the Company will be in the same position as if no Policy had been issued.

SECTION I - Vision Rider Benefit Information

As part of the Dental agreement that this rider is attached to, it is agreed that each Covered Person shall be entitled to receive vision benefits in accordance with the Summary of Benefits set forth below and subject to the Exclusions and Limitations set forth below. Vision benefits are available under this Plan only while the Covered Person is enrolled in SafeGuard. Should the Covered Person terminate from SafeGuard for any reason, the benefits available through this rider shall end in accordance with the terms of the SafeGuard Master Policy or agreement, as applicable.

SECTION II – Summary of Vision Benefits

This vision plan includes in- and out-of-network benefits as listed below; if a Covered Person visits an in-network provider, the Covered Person will receive the maximum benefit. If a Covered Person chooses to see an out-of-network provider, the Covered Person will be reimbursed for services as indicated in the "Out-of-network Coverage" section of this schedule.

Frequency (months)	**Exam**
	12

	In-Network Coverage (Using a Network Provider)	**Out-of-Network Coverage (Using a Non-Network Provider)**
Exam	**Co-payment** $20	**Your Reimbursement** $35 Covered Persons are responsible for the provider's usual charge; reimbursement for the amount listed will be paid upon receipt of the claim.

Please note:
If a Covered Person wishes to purchase non-covered frames, lenses or contact lenses from a contracted vision care provider, the Covered Person will be responsible for as little as 80% of that provider's usual charge for frames and lenses and as little as 80% for contact lenses (excluding disposable and planned replacement contact lenses).

SECTION III – Vision Exclusions and Limitations

Except as otherwise provided in the Summary of Benefits, the following are excluded from coverage:

1. Charges for procedures, services or materials that are not included as covered charges; however, contracted vision providers have agreed to offer these services for as little as 80% of their usual fees.
2. Any portion of a charge in excess of the allowance or reimbursement indicated in the Summary of Benefits.
3. Expenses for any non-covered lens materials, including but not limited to the following: coated, dyed, glass lens or laminated lenses, progressive, blended, or oversize lenses, occupational or recreational lenses, polycarbonate, safety glasses, scratch resistant, UV protection, anti-reflective, or photochromic/photosensitive; however, contracted vision providers have agreed to offer these services for as little as 80% of their usual fees.
4. Orthoptics, vision training and any associated supplemental testing.
5. Medical or surgical treatment of the eye. Coverage limited to laser refractive surgery benefit included as covered charges.
6. Prescription or non-prescription medications.
7. Any eye examination or any corrective eyewear required as a condition of employment.
8. Services or materials that are experimental, cosmetic or not medically necessary.
9. Any service or material not prescribed by an ophthalmologist, optometrist or registered dispensing optician.
10. Services and materials furnished in conjunction with excluded services and materials.
11. Services and materials for repair or replacement of broken, lost or stolen lenses, contact lenses or frames.
12. Services and materials that a covered person received during a service interval under any other plan offered by the Company or one of the Company's affiliates.
13. Charges incurred before a covered person's effective date of coverage under the Policy or after such coverage terminates.
14. Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
15. Services and materials obtained while outside the United States, except for emergency vision care.

16. Services or materials resulting from or in the course of a covered person's regular occupation for pay or profit for which the covered person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
17. Charges payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States;
18. Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

SECTION IV – Related Provisions

The following additional provisions are added to your Dental Evidence of Coverage or agreement, as applicable, by the attachment of this rider:

Choice of Vision Provider/ Receiving Care

If a Covered Person wants to see a contracted vision provider (in-network provider), please refer to the **Directory of Participating Vision Care Providers**. By using an in-network provider, a Covered Person's specific benefits will be those noted as In-Network Coverage on the Summary of Benefits. A Covered Person may obtain a Vision Care Provider Directory by calling our Customer Service Department or by visiting **www.safeguard.net.**

If a Covered Person wishes to see a licensed provider not listed in our directory for covered vision services, a Covered Person may do so. By receiving services from an out-of-network provider, a Covered Person's specific benefits will be those noted as Out-of-Network Coverage on the Summary of Benefits and may be less than would be received from an in-network vision provider.

New Patient and Routine Services

Making a Vision Appointment

Once a Covered Person's coverage begins, the Covered Person may contact the vision provider of choice to schedule an appointment. SafeHealth Participating Vision Care Provider Offices are open in accordance with their individual practice needs. When scheduling an appointment, the Covered Person should identify himself/herself as a SafeHealth member.

Referrals for Vision Specialty Care

A Covered Person may choose to receive benefits from any SafeHealth vision provider, including contracted ophthalmologists. A list of SafeHealth participating vision care providers may be found online at www.safeguard.net or obtained by calling Customer Service for assistance. Treatment by a non-participating vision provider is covered at the out of network reimbursement level shown on the Vision *Summary of Benefits*.

Financial Responsibility

Deductible

Deductible refers to the fixed dollar amount that a Covered Person may be responsible for each calendar year or contract year prior to any benefits being received. The Deductible, if any, is set forth on the Summary of Benefits.

Vision Co-payments

The Vision benefits available under this plan are set forth in the Summary of Benefits. The Benefit may be a percentage amount or a Maximum Benefit Allowance. A Covered Person will be responsible for all fees and charges in excess of the percentage amount and/or Maximum Benefit Allowance listed in the Summary of Benefits (as well as the deductible, if any). See "Covered Vision Services and Materials" for more information.

Certain covered charges may be payable under the Policy only if the service or material is furnished by a contracted Vision Care Provider. If this is the case, it will be indicated in the Summary of Benefits. It is the Covered Person's responsibility to determine if a Vision Care Provider is a contracted (in-network) provider at the time that the service or material is provided.

Identification Card
The Covered Person should present the identification card to a Vision Provider before receiving services.

Covered Vision Services and Materials
Subject to the Service Intervals and Maximum Benefit Allowances indicated in the Summary of Benefits, the following will be covered charges under the Plan:

1. One complete visual examination. Dilation is included as a covered service when provided by the contracted Vision Care Provider.

Corrective lenses, frames, and Medically necessary or non-medically necessary contact lenses are not covered under the Plan. If a Covered Person chooses to purchase these materials from a participating vision provider, fees will be as little as eighty percent (80%) of the contracted vision provider's usual fees and paid by the member. If a Covered Person chooses to purchase these materials from a non-participating vision provider, fees will be the usual fees of that provider and paid by the member.

Please refer to the Summary of Benefits for the Exclusions and Limitations applicable to the vision plan.

Exclusions and Limitations
Please refer to the Summary of Benefits for the Exclusions and Limitations applicable to the vision plan.

Payment of Vision Claims
All out-of-network vision benefits will be paid directly to the Covered Person unless otherwise directed. SafeHealth does not require that vision services be rendered by a particular provider.

Definitions
These definitions are added to the Definitions of the Master Policy or agreement and apply when the following terms are used, unless otherwise defined where they are used.

Close Relative
A Covered Person's spouse, children, parents, brothers, and sisters; and b) any other person who is part of a Covered Person's household.

Contracted (Preferred or In-Network) Vision Provider
A Vision Care Provider who has a written contract with SafeHealth to furnish services and supplies and accepts reimbursements at the negotiated rate.

Covered Person/ Member
An individual enrolled in the SafeHealth vision plan, including the Policyholder or his or her Dependent(s) covered under the Plan.

Covered Vision Services
Charges for Covered Services and Materials. With respect to Contracted Vision Providers, Covered Vision Charges means the Negotiated Rate. With respect to Non-Participating Vision Providers, charges in excess of SafeHealth's Maximum Benefit Allowance will not be considered Covered Charges under the plan.

Covered Vision Services and Materials
The services and materials indicated in this Plan that are payable or eligible for reimbursement, subject to any benefit limitations and maximums, under the Plan.

Deductible
The amount of covered charges that must be paid by a Covered Person in each Calendar Year before payment is made by SafeHealth.

Maximum Benefit Allowance
The maximum amount SafeHealth will allow for covered services and materials provided by a Vision Care Provider.

Preferred (contracted or in-network) Provider
A Vision Provider who has a written contract with SafeHealth to furnish services and supplies and accepts reimbursement at the negotiated rate.

Vision Care Provider or Vision Provider
An eye care professional who is an optometrist, ophthalmologist, or registered dispensing optician, who:

1. Is licensed as such by the proper authorities of the state in which he or she practices;
2. Is acting within the scope of such license; and
3. Is not a relative or member of the household of the Covered Person.

Vision Service Interval
A period of consecutive months, as shown in the Summary of Benefits, in which a Covered Person may receive covered services and materials. This period starts on the Covered Person's effective date of coverage and then a subsequent service interval starts after vision services or materials are received. Once Covered Vision Services and Materials are received during any service interval, additional services are not covered during the same service interval and are subject to an additional charge.