COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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A Stock Company

VISION BENEFITS RIDER
OUTLINE OF COVERAGE

(Applicable to Rider Form R-VSN8000, including state abbreviations where applicable)

THE RIDER IS NOT ATTACHED TO A MEDICARE SUPPLEMENT POLICY.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Please Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY**.

Renewability. Your rider is guaranteed renewable to the rider anniversary date on or next following the named insured's 75th birthday as long as you pay premiums when they are due or within the grace period, except that we may discontinue or terminate the rider if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the policy or rider, including claims for benefits under the policy or rider. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued.

Coverage Provided By The Rider. We will provide the benefit stated in the rider as a part of the policy to which it is attached for the person(s) shown on the Rider Schedule, subject to any limitations or exclusions in the rider or the policy.

BENEFITS - Please see the rider for detailed benefit information and actual benefit amounts.

Vision Exam

Eyeglass Lenses
- Single Vision
- Bifocals
- Progressives
- Trifocals
- Lenticular
- Polycarbonate (for children to age 19 only)

Frames

Contact Lenses

VISION RIDER LIMITATIONS AND EXCLUSIONS

The **contact lenses** benefit is paid in lieu of **eyeglass lenses** and frames. A covered person is eligible to receive benefits under the **eyeglass lenses** benefit or the frame benefit only after the **contact lenses** benefit frequency has ended.

The **eyeglass lenses** benefit and the eyeglass frame benefit is paid in lieu of the **contact lenses** benefit. A covered person is eligible to receive benefits under the **contact lenses** benefit only after the **eyeglass lenses** benefit frequency has ended.

Dilation is covered in full under the **vision exam** benefit ONLY if done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions:
No benefits are payable for any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in **vision rider benefits**:

- Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available;
- Plano or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the policy to which this rider is attached ends; or (b) the covered person's coverage under the policy to which this rider is attached ends, except as stated in the policy;
- Experimental or non-conventional treatment or device;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
- Services and materials provided by another vision plan except in the case of coordination of benefits;
- Services for which benefits are paid by Worker's Compensation;
- Benefits provided under the employee's medical insurance except in the case of coordination of benefits;
- Blended bifocal lenses;
- Groove, Drill or Notch, and Roll and Polish;
- Two pairs of eyeglasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.)
- Cosmetic items;
- Faceted lenses;
- High-Index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (Transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses;
- Prism lenses;
- Slab-off lenses;
- Tints;
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Regardless of optical necessity, the Vision Examination Benefit is not available more frequently than specified in **vision rider benefits**;
- Services received before your effective date, including started but not completed services;
- Charges for services rendered by a provider other than Ophthalmologist or Optometrist acting within the scope of his or her license;
- Treatment or services received while outside the territorial limits of the United States;
- Any charge for a service required as a result of disease or injury that is due to war or an act of war (whether declared or undeclared); taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;
- Federal, State or local taxes;
- Progressive Power Lenses*.

***Progressive Power Lenses:** If this type of lens is not a covered benefit under this rider, the provider will apply the retail charge for standard trifocal lenses against the charge for the style of progressive lenses you have selected. You pay the provider the difference, if any, between the two.