WELCOME TO THE CariCARE™ ADVANTAGE PLAN

Sagicor values your business and welcomes you to the Sagicor CariCARE™ Advantage Plan.

At Sagicor, our Group Health and Life insurance products are designed to help you to maintain your health and to protect you and your loved ones in the event of illness. We are committed to providing excellent and reliable service.

This booklet presents the insurance benefits under this plan. It is not a contract, (does not confer any rights) and is NOT BINDING.

OUR OFFER

The CariCARE Advantage plan is specifically designed to meet the needs of associations. It provides a wide range of benefits in one neat package:

- Life Insurance
- Accidental Death and Dismemberment
- Critical Illness Benefits
- Health Insurance
- Dental Insurance
- Vision Insurance

In addition, each employee is entitled to the CariCARE International Card which affords them enhanced protection against emergencies while traveling abroad. A single phone call to our managed care provider, GMMI, will activate prompt efficient medical care at any Clinic or Hospital around the world. The services of these providers are available twenty-four (24) hours a day, 365 days a year and collect calls may be made from any part of the world.

DISCOUNTS OFFERED

ABOUT US

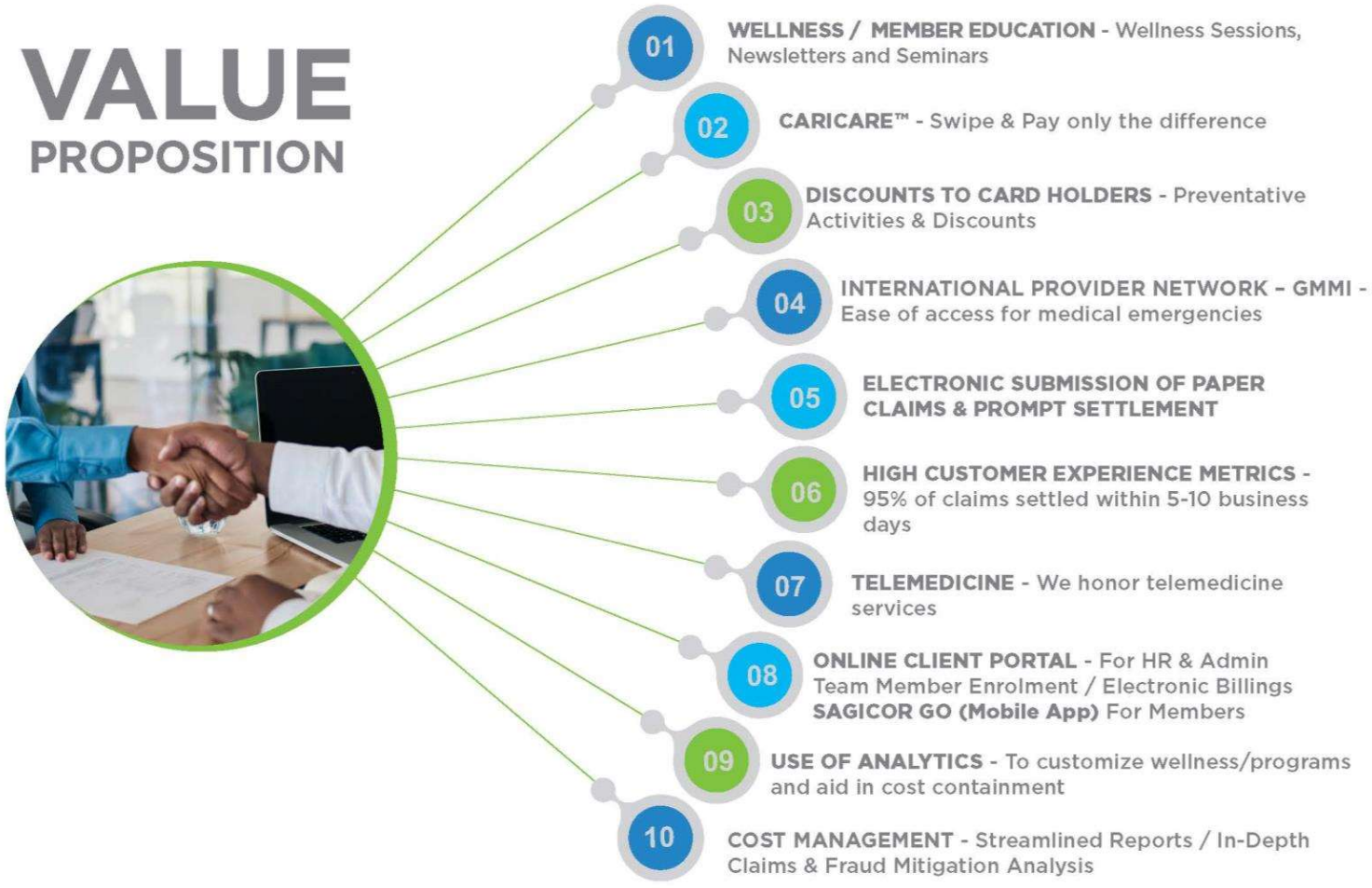
Sagicor Group is a leading provider of financial services in the Caribbean. Following a carefully crafted business strategy, the company transformed from a local single-line life insurance company to a Financial Services group with a solid regional base before expanding into the international financial services market.

We operate in 22 countries, including the USA and Latin America. Sagicor has total assets of US $22.4 billion. At the end of 2023, shareholders' equity was US $970 million.

The Sagicor Group comprising Sagicor Life, Sagicor General, Sagicor Finance and Sagicor Investments, offers a wide range of products and services, including group and individual health insurance, life insurance, pensions, annuities, banking and asset management. Sagicor is a widely-held publicly-traded company listed on the Toronto Stock Exchange.

Our tagline "Wise Financial Thinking for life" represents the heart and soul of Sagicor, and summates why we do, what we do and how we do it. More importantly, it is the reason our clients choose Sagicor and stay with us.

WHY CHOOSE SAGICOR? OUR VALUE PROPOSITION



HOW DO I SIGN UP?

Sign up is a simple process which requires the completion of the below documents:

PRE-EXISTING CONDITIONS

Pre-existing conditions include any illness, symptom or injury that existed at or prior to the original effective date of coverage, including acute, chronic, recurring and congenital conditions. Any claim made within 24 months of effective date, for a condition pre-existing the effective date, no matter how long before, will be capped at $1,000 for the first 24 months.

AT INCEPTION - up to 31 days from plan effective date

1. Members age 50 & under – Enrolment Form
2. Members age 51+ – Enrolment Form, Full Medical and Micro-urinalysis

AFTER PLAN INCEPTION

1. Members age 50 & under – Enrolment Form and Group Health Statement
2. Age 51 - 59 - Enrolment Form, Full Medical and Micro-urinalysis
3. Age 60+ - Not Eligible.

WHO IS ELIGIBLE FOR COVERAGE?

MEMBERS

You are eligible if you are a member as defined in the plan

An association member must be in good financial standing on the date coverage should start; coverage will not start until the membership is current.

DEPENDANTS

Your eligible Dependants are:

1. Your spouse of the opposite sex, legally married or common-law.
2. Your unmarried children under age 19.
3. Your unmarried children under age 25 who are registered students in regular full-time attendance at a recognized school or university.

Your dependants must reside in the same country as you and be registered on the records of the Employer. Your dependants must be wholly or mainly maintained by you. Children include stepchildren and legally adopted children. If husband and wife are both eligible as Employees, only one may cover their dependants.

PREMIUMS

ACTIVES – UNDER AGE 60

Category	Medical	Dental	Vision	Life	AD&D	Critical Illness	Total Premium
Member Only	346.35	60.05	53.60	40.00	8.00	45.00	**553.00**
Member + One	658.05	132.10	101.85	40.00	8.00	45.00	**985.00**
Family	900.50	174.15	139.35	40.00	8.00	45.00	**1,307.00**

RETIREES – AGE 60 & OVER

Category	Medical	Dental	Vision	Total Premium
Member Only	484.90	84.05	75.05	**644.00**
Member + One	921.25	184.95	142.60	**1,248.80**
Family	1,260.70	243.80	195.10	**1,699.60**

SUMMARY OF BENEFITS – LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT

In the event of a Member's death from any cause, Sagicor Life Insurance Trinidad & Tobago Limited. will pay the amount of life insurance shown in the schedule below to the named beneficiary. If Accidental Death occurs, both the Life and Accidental benefit is paid to assigned beneficiaries. This cover is for Members only.

TYPE	UNDER AGE 60
Life	**100,000 Flat Benefit**
Accidental Death & Dismemberment	**100,000 Flat Benefit**

Accidental Death and Dismemberment Benefit Schedule

The amount payable as a percent of the Principal Sum in respect of all losses is shown in the schedule below:

LOSS	% PAID
Loss of life	**100%**
Loss of sight of both eyes	**100%**
Loss of or loss of use of both hands or both feet	**100%**
Loss of or loss of use of one hand and one foot	**100%**
Loss of one hand and sight of one eye	**100%**
Loss of one foot and sight of one eye	**100%**
Loss of sight of one eye	**50%**
Loss of or loss of use of one hand or one foot	**50%**
Loss of 1 thumb and any finger on the same hand	**25%**

SUMMARY OF BENEFITS – CRITICAL ILLNESS

Our Critical Illness Product provides a lumpsum on diagnosis of 1 of any if the 10 critical illness listed below. This benefit is separate from your health plan. Pre-existing limitation of 24 months and Survival Period of 30 days applies.

TYPE	UNDER AGE 60
Critical Illness	**50,000 Flat Benefit**

1. Heart Attack (Myocardial Infarction)
2. Stroke
3. Coronary Artery Bypass
4. Cancer
5. Multiple Sclerosis
6. Deafness
7. Kidney Failure
8. Major Organ Transplant
9. Paralysis
10. Blindness

The Life Benefit, Accidental Death and Dismemberment Benefit and the Critical Illness Benefit terminates at age 60

SUMMARY OF BENEFITS – MEDICAL, PREVENTATIVE, DENTAL AND VISION

DESCRIPTION	ACTIVES	RETIREES
	Benefit	Benefit
CARICARE ADVANTAGE	Maximums	Maximums
Maximum Benefit	$1,000,000.00	$500,000.00
Benefit Period	3 Year Renewable	Lifetime
Deductible per Calendar Year	$500.00	$1,000.00
Deductibles per Family	2	2
Co-Insurance Percentage	80%	80%
Carry Over Provision	Last 3 months of Cal Yr.	Last 3 months of Cal Yr.
Pre-existing Condition Maximum	$2,500.00	N/A
Daily Room & Board: (quoted in TT dollars)		
Overseas (Non-Caricom)	$4,000.00	$2,500.00
Locally (Caricom)	$700.00	$500.00
Intensive Care Benefit (Non-Caricom)	$4,000.00	$4,000.00
Intensive Care Benefit (Caricom)	$1,000.00	$1,000.00
Private Duty Nursing		
Maximum Per 8-hour shift - Private Residence (Day)	$100.00	$75.00
Maximum Per 8-hour shift - Private Residence (Night)	$150.00	$100.00
Maximum Per 8-hour shift - Hospital (Night)	$200.00	$120.00
Maximum per calendar year	$20,000.00	$20,000.00
Doctor Visits (Office, Home, Hospital)	$250.00 / $300.00 / $350.00	$150.00 / $200.00 / $250.00
Specialist Visits (Office, Home, Hospital)	$350.00	$250.00 / $300.00 / $300.00
Psychologist/Psychiatrist Benefit:		
Maximum per treatment	$150.00	$100.00
Maximum number of treatments per calendar year	20	20
Co-Insurance Percentage	80%	80%
Physiotherapy /Occupational/Speech Therapy Benefit:		
Maximum per treatment	$150.00	$100.00
Maximum number of treatments per calendar year	20	20
Co-Insurance Percentage	80%	80%
Chiropractic Benefit:		
Maximum per treatment	$150.00	$150.00
Maximum number of treatments per calendar year	20	20
Co-Insurance Percentage	80%	80%
Acupuncture Benefit:		
Maximum per treatment	$150.00	$150.00
Maximum number of treatments per calendar year	20	20
Co-Insurance Percentage	80%	80%

DESCRIPTION	ACTIVES	RETIREES
Maternity Benefit:		
10-Month Waiting Period		
Normal Delivery	$7,500.00	Not Covered
Caesarean Section/Extra Uterine Pregnancy	$15,000.00	Not Covered
Miscarriage/ Dilation & Curettage	$3,000.00	Not Covered
Pre-natal (incl in Maternity Max)	$3,000.00	Not Covered
Airfare Benefit:		
Maximum per calendar year	$10,000.00	$10,000.00
Maximum Number of Trips per Calendar Year	2	2
Co-Insurance Percentage	80%	80%
Emergency Air Ambulance Benefit		
Maximum per calendar year	US$25,000.00	US$25,000.00
Maximum Number of Trips per Calendar Year	2	2
Benefit Payment	100%	100%
Emergency Local Ground Ambulance Benefit		
Benefit Payment	100%	100%
Repatriation of Mortal Remains	$20,000.00	100%
Radiotherapy/ Chemotherapy Benefit/ Dialysis	80% after Deductible	80% after Deductible
Congenital Birth Defects	$250,000.00	N/A
Surgical Benefit (Reasonable & Customary fees apply)	80% after Deductible	80% after Deductible
Anaesthetic Benefit	25% of Surgical R&C	25% of Surgical R&C
Prescribed Drugs, Generic or Brand Name	80% after Deductible	80% after Deductible
Maximum per calendar year	$10,000.00	$10,000.00
Durable Medical Equipment (On initial equipment only)	80% after Deductible	80% after Deductible
Maximum per calendar year	$20,000.00	$20,000.00
Miscellaneous Benefit	80% after Deductible	80% after Deductible
Diagnostic Benefit (X-rays,Blood work, CT/PET scans,MRIs)	80% after Deductible	80% after Deductible
Internal Plan Limits	Lifetime Maximums	Lifetime Maximums
Mental & Nervous	$25,000.00	$25,000.00
Acquired Immune Deficiency Syndrome	$50,000.00	$50,000.00
Transplants	$250,000.00	$250,000.00
AGE LIMIT FOR COVERAGE:	60TH BIRTHDAY	99TH BIRTHDAY

DESCRIPTION	ACTIVES	RETIREES
Preventative Care Benefits		
Male Wellness*	$1,000.00	$750.00
Female Wellness*	$1,000.00	$750.00
** Available to all full time employees and their covered spouses*		
Listed below are the eligible benefits:		
1. Annual physical examination		
2. Chest X-ray		
3. Complete urinalysis		
4. Blood profiles		
a. HBAIC		
b. CBC		
c. Lipid profile		
d. Kidney function		
e. Liver function		
f. PSA		
g. FBS		
h. Cholesterol		
i. Creatinine		
j. Thyroid profile		
5. Annual gynecological exam		
6. Annual pap smear test		
7. Annual screening mammogram and/or ultrasound		
8. Annual prostate exam		
9. Annual CA 125 test - women age 35 and over	$350.00	$350.00
10. Annual fecal immunochemical blood test (FiT)	$1,000.00	$750.00
11. Colonoscopy - over age 50, and every 10 years	$1,000.00	$750.00
12. Adult immunizations:	$500.00	$375.00
a. yellow fever		
b. chicken pox		
c. tetanus		
d. HPV (Adults and Children up to age 26)		
13. Dependant child (up to age 7) immunizations: ALL	$500.00	Not covered
14. Doctor's visit - One doctor's visit is payable on ONE preventative care benefit per annum for adults and children		
All services are subject to overall Annual Wellness Benefit of	**TT$1,000.00**	**TT$750.00**

DESCRIPTION	ACTIVES	RETIREES
	Benefit	Benefit
DENTAL:	Maximums	Maximums
3-Month Waiting Period		
Maximum Benefit per Calendar Year:	**$3,000.00**	**$1,500.00**
Deductible per Calendar Year:	$200.00	$200.00
Benefit:		
Level 1 - Preventative	80%	80%
Level 2 - Restorative	80%	80%
Level 3 - Major Restorative	50%	50%
Orthodontic Treatment (for children only up to age 19)		
Maximum Lifetime Benefit	$3,000.00	Not Covered
Annual Maximum	$1,500.00	Not Covered
Co-Insurance Percentage	50%	Not Covered
VISION:		
3-Month Waiting Period		
Maximum Benefit per Calendar Year:	**$2,500.00**	**$1,500.00**
Deductible per Calendar Year:	$200.00	$150.00
Co-Insurance Percentage	80%	80%
Contacts	Paid under Vision Max	Paid under Vision Max
Lenses & Contacts - Every 12 months		
Frames - Every 24 months		
AGE LIMIT FOR COVERAGE:	**60TH BIRTHDAY**	**99TH BIRTHDAY**

EXPLANATION OF BENEFITS

MEDICAL PLAN BENEFITS EXPLANATION

MAXIMUM BENEFITS

The Maximum Lifetime Benefit as stated in the Schedule of Benefits represents the total amount payable by Sagicor Life Inc for eligible expenses of each insured person from the date the Plan is implemented.

DEDUCTIBLE

The deductible shown in the Schedule of Benefits is the amount of eligible expenses, which must be borne by the insured, in each calendar year before any benefits will be paid. Where there is two-party coverage both persons must satisfy the deductible before benefits can be received in either case. Under family coverage a maximum of three deductibles must be satisfied per calendar year.

CO-INSURANCE FACTOR

After the deductible has been satisfied, Sagicor Life Inc will reimburse the participant for 80% of eligible expenses up to the Co-insurance Maximum & 100% thereafter to the maximum shown in the Schedule of Benefits. The Insured will be responsible for all amounts in excess of coinsurance percentage.

CARRY-OVER PROVISION

Eligible expenses incurred in respect of an insured person in the last 3 months of a calendar year and applied against the deductible for that year, will be used to reduce the deductible for the following year provided that no benefits have been paid after satisfying the deductible for the previous calendar year. The maximum deductible per family is as set out in the Schedule of Benefits.

PRE-EXISTING CONDITION

Any participant who has received treatment or services for an illness or injury up to three months (90 days) prior to the enrolment in the Plan and who requires further treatment or services for the same illness or injury during the twelve (12) months following enrolment, will have his benefits in respect of such further treatment, limited to the maximum shown in the Schedule of Benefits.

REASONABLE & CUSTOMARY (R&C) CHARGES

A charge or fee is considered Reasonable and Customary if it is within the range charged by providers of similar training and experience for the same service within a given geographic area and is justifiable in the particular case in question.

SUBROGATION CLAUSE

The Insurer shall have the right of subrogation to an insured person's rights (including the right to institute legal proceedings in the insured person's name) to recover from a third-party expenses and charges in respect of which the Insurer has paid benefits under this Policy. In such a case, the insured person shall fully cooperate with the Insurer in providing the Insurer with any information it may require and shall take no action that may prejudice the rights of the Insurer under this clause.

DOCTORS VISIT BENEFIT

This benefit provides for the reimbursement of fees charged for medical visits by a legally licensed physician or surgeon in connection with the treatment of a covered injury or sickness. Reimbursement will be made for the fees charged for Office, Home or Hospital visits subject to the Deductible and the Maximum Allowable Expense.

SPECIALISTS CONSULTATIONS BENEFIT

This benefit provides for the reimbursement of the fees charged for the visits by a consultant doctor or surgeon duly registered to practice medicine and qualified to render the treatment provided in the jurisdiction where such services are given and to whom the insured individual has been referred by his attending physician, subject to the Deductible and the Maximum Allowable Expense.

HOSPITAL BENEFIT

This benefit provides for the reimbursement of expenses incurred by an insured individual in the event of his or her confinement in a lawfully operated hospital, on the recommendation of a legally licensed physician or surgeon, as a result of a covered injury or sickness subject to the Deductible and Reasonable & Customary charges.

SURGICAL BENEFIT

This benefit provides for the reimbursement of fees charged by a licensed doctor or surgeon duly registered for any surgical procedure performed on either the Insured or his/her dependents. The surgical procedure may be performed in or out of hospital and the amount payable will be subject to the Deductible and Reasonable & Customary charges.

MISCELLANEOUS EXPENSE BENEFIT

This benefit reimburses for drugs legally obtainable only by written prescription from a legally licensed physician or surgeon and dispensed by a pharmacist and does not include medication available without a prescription even if prescribed by a licensed physician or surgeon (over-the- counter drugs). The cost of injections when administered by a physician or surgeon is also payable. The maximum amount payable per disability while not confined to a hospital is subject to the Deductible and Reasonable & Customary charges.

DIAGNOSTIC BENEFIT

This benefit provides for the reimbursement of fees charged for diagnostic tests and laboratory examinations, which are carried out when an insured individual is not confined in a hospital. Benefits are payable only when a legally licensed physician or surgeon recommends the examination. The CariCARE Advantage Plan provides reimbursement subject to the Deductible and Reasonable & Customary charges.

DENTAL PLAN BENEFIT EXPLANATION

The Dental Care Benefit will reimburse you and your dependents for the charges incurred for necessary dental care performed by a dentist or a qualified dental hygienist, up to the maximum stated in the Schedule of Dental Expense Benefits. Reimbursement will be made for **charges not exceeding the Maximum Allowable Expense** in excess of the **deductible** and subject to the respective co-insurance factors. A charge will be considered, to be incurred on the date the service is rendered, rather than on the date the payment is made.

Eligible expenses shall mean expenses incurred for the following services:

1. Preventative - covers the important aspects of preventative dentistry such as cleaning and X-rays.
2. Basic Restorative - covers treatment such as fillings and extractions.
3. Major Restorative - covers restorative treatment such as root canals, bridges, crowns and dentures

There is a calendar year deductible, and the three treatment areas offer fixed percentage reimbursements for each of the three levels.

VISION PLAN BENEFIT EXPLANATION

This benefit provides for the reimbursement of expenses incurred because of obtaining an eye examination related to prescribing the necessary vision care treatment and supplies which are recommended by a duly qualified and licensed:

1. Optician
2. Optometrist or,
3. Ophthalmologist

up to the amounts that are Reasonable and Customary (as determined by the Insurer) in the area in which the insured person resides and as are stated in the Schedule of Benefits

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT EXPLANATION

"Loss of Foot" means severance at or above the ankle joint.

"Loss of Hand" means severance at or above the wrist joint.

"Loss of Eye" means entire and irrecoverable loss of sight of the eye.

"Loss of Thumb and Finger" means severance at or above the knuckles joining the Thumb and Finger to the hand.

"Loss of use" means the total and irrecoverable loss of use for twelve (12) continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

The Accidental Death & Dismemberment Benefit covers each Employee on and off the job and losses up to three hundred and sixty-five (365) days after the accident. This benefit is paid in addition to any payment under the Life Insurance Benefit.

The Life Benefit terminates at age 60.

The Accidental Death & Dismemberment Benefit terminates at age 60.

LIFE BENEFIT LIMITATIONS & EXCLUSIONS

1. No Amounts will be paid under this Benefit where death results from suicide or intentionally self-inflicted injury while sane or insane within two (2) years from the enrolment date of the participant.
2. In the case of any insured who as a result of sickness or bodily injury has been under the care of a physician or has received medical care or services within the 3 month period immediately preceding the date his insurance becomes effective, no amount will be payable by the Insurer for life or AD&D claims during the 12 month period commencing on such insured's effective date due to the same or a related sickness or bodily injury

CRITICAL ILLNESS BENEFIT EXPLANATION

When used in this Rider, each term is limited in meaning to the definition shown:

1. **"benefit amount"** means the maximum amount of insurance for which the Insured Person is eligible according to the provisions of the Policy. The Benefit Amount is payable only once, regardless of the number of Critical Illnesses that may be diagnosed. Payment of the Critical Illness Benefit Amount will represent full and final discharge of all claims under the Policy respecting the Insured Person; and no further Benefit Amounts are payable since that Insured Person is no longer eligible for coverage under the plan.
2. **"diagnosis"** means the certified written diagnosis of an Insured Condition by a Medical Doctor licensed and practicing medicine in the country of issue. The Date of Diagnosis shall be the date the Diagnosis is established by the Medical Doctor, as supported by the medical records.
3. **"life support"** means the Insured Person is under the regular care of a Medical Doctor and is being kept alive through nutritional, respiratory and/or cardiovascular support even though irreversible cessation of all functions of the brain has occurred.
4. **"non-smoker"** means an individual who has not used any form of tobacco including nicotine patches within the 12 months prior to the Effective Date of the Policy.
5. **"survival period"** means the minimum number of consecutive days (excluding the number of days of Life Support), immediately following the Date of Diagnosis or Surgery, which the Insured Person must survive before a Critical Illness Benefit Amount may become payable. The Survival Period is thirty (30) days unless a longer period is specified in the definition of a Critical Illness Insured Condition. A Critical Illness Benefit Amount is not due and does not accrue during a Survival Period.
6. **"elimination period"** means 90 days immediately following the later of the Effective Date of the Policy.
7. **"critical illness"** means an illness, disorder or surgery as specifically defined below. Any illness or disorder not specifically defined hereunder shall not be insured under this Rider.

The Critical Illness Benefit terminates at age 60.

MEDICAL BENEFIT LIMITATIONS & EXCLUSIONS

No amount will be payable for any loss or for any charge for treatment of a disability which results from or is caused by the following:

1. A disability for which the insured individual is not under the continuing care of a physician.
2. Any injury or illness for which benefits are provided by law or for which the insured individual is entitled to obtain benefits without charge.
3. Intentionally self-inflicted injuries while sane or insane and bodily injury resulting directly or indirectly from war, insurrection, strikes, riots, civil commotion, service in the armed forces of any country or while in the act of committing a felony.
4. Dental examinations, x-rays, extraction, fillings or general dental care, or the fitting of eye- glasses, hearing aids, or any examinations in connection herewith.
5. Medical or surgical care which is cosmetic, unless such care is rendered as a result of injuries caused by an accidental bodily injury sustained while the individual is insured for the benefit and the loss or charge is incurred while the insurance is in force and within the 90-day period immediately following the date the accidental bodily injury is sustained, unless proven to be not medically possible.
6. Examinations required for the use of a third party, or medically unnecessary services or treatment of any condition not causing sickness or not resulting from bodily injury.
7. Charges levied by a physician for his time spent travelling, broken appointments, his transportation costs or for advice given by him by telephone or other means of telecommunication, or the administration of vaccines, antitoxins or injections for immunisation against disease or poisons.
8. Any operation performed so as to induce pregnancy or to determine the cause of non-fertility.
9. Expenses incurred for tubal-ligation, vasectomies, or any other means of birth control.
10. Bodily injuries or sickness arising out of or in the course of employment where the insured is entitled to benefits under any workmen's compensation law or similar legislation.
11. Expenses related to the treatment of alcoholism or drug addiction.
12. Expenses incurred for treatment, which is not approved by a regulatory authority.
13. Charges for nursing care for a new-born infant.
14. Charges incurred for completion for claim forms.
15. Charges rendered by a physician who is ordinarily resident in the participant's home or who is related to the participant.
16. Expenses related to pregnancy unless maternity benefit is included, in which case, such expenses are recoverable under the maternity benefit
17. Expenses relating to pregnancy including childbirth, miscarriage, or Caesarean section of a dependent child.

DENTAL BENEFIT LIMITATIONS & EXCLUSIONS

In addition to the General Limitations under the medical plan, no amount is payable under this benefit for charges incurred:

1. For education or training in, and supplies used for dietary or nutritional counselling, personal oral hygiene or dental plaque-control.
2. For procedures, appliances or restorations used to increase vertical dimension or to restore occlusion.
3. For replacement of dentures which are mislaid, lost or stolen.
4. For or in connection with orthodontic treatments, including correction of malocclusion.
5. For a course of dental care which commenced prior to the effective date of an insured's individual insurance under this benefit, including charges for any crown, bridge or denture ordered prior to such date.
6. For devices and supplies which are for cosmetic purposes or for experimental treatment or for unnecessary care or treatments, including duplicate dentures or bridges and temporary crowns, bridges or dentures. Where a dental procedure is performed for both functional and cosmetic purposes, that part of the procedure performed for cosmetic purposes will be excluded.
7. For failure to keep scheduled dental appointment or for completion of any insurance forms.
8. For vitality tests, study model or precision attachments.
9. For replacement of existing prosthetic devices.
10. For any extra charge made for metal dentures.
11. Expenses which are payable under any other plan or benefit, or under Workmen's' Compensation or any similar legislation.
12. Expenses incurred for Hospital Care other than benefits covered by the Plan.
13. Services and supplies which are not prescribed by a dentist or performed by a dentist or a dental hygienist.

VISION BENEFIT LIMITATIONS & EXCLUSIONS

1. Examinations will be limited to one complete visual examination, including refraction per person during any one twelve (12) month period.
2. No amount is payable for charges incurred for than 1 set of prescription lenses or contact lenses during any one 12-month period;
3. No amount is payable for charges incurred for than 1 set of frames during any one 24-month period;
4. No amount is payable for sunglasses whether plain or prescription.
5. No payment will be made for charges incurred in connection with special procedures such as orthoptics or visual training or in connection with medical or surgical treatment of the eye.
6. No amount is payable under this benefit for charges which are excluded under the general provision of the health insurance benefits.
7. No payment will be made for charges incurred for contact lenses for cosmetic purposes only.