

2007
CONNECTICARE, INC.
VISION CARE RIDER

For the purposes of this Rider, the Plan includes vision care benefits subject to the terms and conditions of the Membership Agreement and this Rider.

This Rider is not available to any person who does not have coverage under the Plan. This Rider replaces any other Rider of the same coverage that we may have issued to your Employer or you prior to the effective date of this Rider. The Membership Agreement is amended as described in this Rider.

This Rider is effective as of the earlier of the renewal date or the effective date of your Membership Agreement that occurs on or after January 1, 2007 and ends when this Rider is no longer part of the Plan.

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Approved for use beginning 2007

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BENEFITS AND SERVICES

Benefits and services will be provided for Vision Care Services Benefits and Optical Care Services Discounts.

Vision Care Services Benefits

1. Vision Care Services Benefits will be provided at the frequency described in your Benefit Summary.
2. A Participating Vision Care Provider who is an Ophthalmologist or Optometrist must provide the routine eye exam. The exam is **covered after the applicable Cost-Share amount. Please refer to your Benefit Summary to find out the Cost-Share amount.**
3. If you are enrolled in any of our **POS Plans** (a Plan that covers the Health Services of a Non-Participating Provider), the routine eye exam may be provided by a Non-Participating Vision Care Provider. The exam is **covered at an Out-Of-Network Level Of Benefit.**

If a Non-Participating Vision Care Provider provides the eye exam; no Optical Care Services Discounts are available under this Rider.

Submitting Claims For A Non-Participating Vision Care Provider

1. You should pay the Non-Participating Vision Care Provider for his or her services and obtain a copy of the Non-Participating Vision Care Provider's itemized bill.
2. You should then call our Member Services Department at the telephone number on this page in order to obtain a claim reimbursement form or you can log onto our web site at www.connecticare.com/member/forms to download a claim reimbursement form. Once you receive the claim form, you must submit the provider's itemized bill to the address noted on the claim form.

Optical Care Services Discounts

1. You and your covered dependents may obtain discounts, as described in the following table, "Optical Care Services Discounts." In order to receive the discount, you must purchase the eyewear from the Participating Vision Care Provider.
2. If that Participating Vision Care Provider does not have eyewear dispensing facilities on his or her premises, then you must purchase the eyewear from the Participating Vision Care Provider with whom the Participating Vision Care Provider has made arrangements to dispense eyewear with the Optical Care Services Discounts in his or her behalf.
3. If you are enrolled in any of our **POS Plans** (a Plan that covers the Health Services of a Non-Participating Provider), and a Non-Participating Vision Care Provider provides your routine eye exam, no Optical Care Services Discounts are available.

4. When you or your covered dependents are eligible for covered Optical Care Services Discounts from a Participating Vision Care Provider, the Participating Vision Care Provider will subtract the appropriate discount from the total amount that is due. You do not have to submit a claim form.

Not all of our eye care providers participate in the Optical Care Services Discounts program. Please contact your eye care provider to confirm if he or she does participate.

OPTICAL CARE SERVICES DISCOUNTS TABLE:

OPTICAL CARE	DISCOUNT AVAILABLE	
<p>FRAMES & LENSES</p> <p>Lens options include, but are not limited to:</p> <ul style="list-style-type: none"> ♥ Polycarbonate ♥ Scratch resistant coating ♥ Ultra-violet coating ♥ Anti-reflective coating ♥ Solid tint ♥ Gradient tint ♥ Photochromatic 	<p>A 25% discount on the total purchase price of frames and lenses that cost \$250 or less.</p> <p>A 30% discount on the total purchase price of frames and lenses that cost more than \$250.</p>	
<p>PRESCRIPTION CONTACT LENSES*</p> <p>Options include:</p> <ul style="list-style-type: none"> ♥ Hard or soft contact lenses ♥ Initial disposable contact lens package for you and your covered dependents who have never worn disposable contact lenses 	<p>IF THE CONTACT LENS CHARGE:</p>	<p>THEN:</p>
	<p>Includes both the purchase price for the contact lenses and the charge for the Participating Vision Care Provider's professional services,</p>	<ul style="list-style-type: none"> ♥ A 25% discount on the total purchase price of contact lenses and professional services that cost \$250 or less. ♥ If total purchase price of contact lenses and professional services cost more than \$250, then 25% discount on professional services, and 30% discount on contact lenses only.
	<p>Does not include the purchase price for both the contact lenses AND the Participating Vision Care Provider's professional services,</p>	<ul style="list-style-type: none"> ♥ A 25% discount on professional services. ♥ A 25% discount on the total purchase price of contact lenses that cost \$250 or less. ♥ A 30% discount on the total purchase price of contact lenses that cost more than \$250.
<p>OTHER DISCOUNTS</p> <p>Options include:</p> <ul style="list-style-type: none"> ♥ Replacement Lenses/Frames ♥ Sunglasses (Prescription and Non-prescription) 	<p>A 25% discount on entire purchase price.</p>	
<p>* Discount only available if required professional services for fittings and follow-up are purchased.</p>		

EXCLUSIONS AND LIMITATIONS

For the purposes of vision care benefits under this Rider, in addition to the exclusions and limitations contained throughout the Membership Agreement, the following exclusions and limitations also apply:

1. Benefits for any service that is or has been covered under the Membership Agreement are excluded.
2. Contact lenses, frames, and lenses (except sunglasses) for cosmetic or convenience purposes are excluded.
3. Optical Care Services Discounts are excluded when a Non-Participating Vision Care Provider provides the routine exam.

In addition, Optical Care Services Discounts that are provided through a Non-Participating Vision Care Provider are also excluded, even if a Participating Vision Care Provider provides the routine eye exam.

4. Services, frames, and lenses provided through a medical department, clinic, or similar service provided or maintained by an employer, or provided under any other group coverage furnished by or arranged through any employer are excluded.
5. Tinted glasses or industrial safety glasses (except sunglasses) are excluded unless they are prescription lenses obtained at your option and would otherwise be covered as Optical Care Services Discounts.
6. Vision Care Services Benefits or Optical Care Services Discounts rendered after the date you or your covered dependents cease to be covered under the Agreement or this Rider are excluded, except for lenses and frames ordered prior to such termination.
7. We do not coordinate benefits for any services under this Rider.

DEFINITIONS

In addition to the definitions found in the Membership Agreement, the following definitions apply to this Rider as well:

NON-PARTICIPATING VISION CARE PROVIDER

A provider who is not a Participating Vision Care Provider. Note that a Non-Participating Vision Care Provider may be a Participating Provider under the other terms and provisions of the Membership Agreement.

OPTICAL CARE SERVICES DISCOUNTS

Discounts available for eyewear materials as described in this Rider.

PARTICIPATING VISION CARE PROVIDER

A Participating Provider who has entered into an agreement with us (directly or through a vision care Participating Vendor) to provide Vision Care Services Benefits and/or Optical Care Services Discounts and that is eligible to be listed in the Vision Care Provider Listing, as updated from time to time.

VISION CARE PROGRAM

The program of Vision Care Services Benefits and Optical Care Services Discounts described in this Rider.

VISION CARE PROVIDER LISTING

The printed listing of vision and optical care providers compiled and prepared by us for the Vision Care Program, as updated from time to time. A provider's listing in the Vision Care Provider Listing is not a guarantee that he, she or it is a Participating Vision Care Provider at the time services are rendered. You should verify that a provider is participating in the Vision Care Program by calling our Member Services Department at the telephone number on this page.

VISION CARE SERVICES BENEFITS

The routine eye exam described in this Rider.