

## **VISION BENEFITS**

<b>Examination</b> - Every 12 Months.....	\$ 60.00
<b>Frames</b> - Every 24 Months.....	\$ 150.00
<b>Lenses</b> - Every 12 Months.....	Per Lens
Single Vision.....	\$ 60.00
Bifocals.....	\$ 85.00
Lenticular.....	\$ 175.00
Trifocals.....	\$ 125.00
<b>Contacts</b> - Every 12 Months (Medically necessary).....	\$ 210.00

### **COVERED SERVICES**

The Plan will cover vision services accordingly to the Schedule of Benefits.

The Plan allows for one eye examination and one pair of lenses every 12 months. Frames are allowed once every 24 months.

### **EXCEPTIONS**

Your vision plan does not cover certain services and materials:

- Repair or replacement of broken or lost glasses, except as normally permitted;
- New lenses when there is no change in prescription, except as normally permitted;
- Special lenses – coated blended bifocals, or oversized lenses;
- Non-prescription glasses;
- Vision training or eye exercise programs;
- Medical or surgical treatment of the eyes due to infection, injury, or other disease – specifically any benefit provided under the medical plan; and
- Any eye examination required by an employer or other organization as a condition of employment or membership, except as normally permitted.
- Contact lenses, medically necessary not cosmetic.

To be covered, examinations and lens prescription must be provided by a licensed Ophthalmologist or Optometrist.

### **MISCELLANEOUS**

Coordination with other Coverage

The Vision Care Benefit contains a provision that allows for coordinating its benefits with Vision Care Benefits provided by other Plans.

Other Plan means

- Any group or franchise insurance employee benefit, Blue Cross or other Group Plan arranged through any employer, trustee, union or employee benefit association;
- Any program treated by a national government or any agency thereof (including Medicare); or
- Private or individual vision coverage, auto medical insurance, or school insurance.

## **COVERED EXPENSES**

Covered expenses shall be defined as the actual charge, subject to the stated amount in the Schedule of Benefits, for the following services and supplies performed or prescribed by an Optometrist (O.D.), Ophthalmologist (M.D.), or Dispensing Optician.

Complete eye exam, but not more than once per 12 consecutive month period.

Frames, but not for more than one set in any 24 consecutive month period.

One pair of lenses in any 12 consecutive month period, unless complete eye exam indicated a change in prescription from the immediately preceding prescription.

Contact lenses for strictly esthetic or cosmetic purposes, but with the same limitations described above for conventional lenses and frames.

Contact lenses when professionally indicated, as follows;

- When prescribed after cataract surgery
- When the visual acuity of the person involved can not be improved to at least the 20/70 level in the better eye by use of conventional lenses.

## **DEFINITIONS**

Complete Eye Exam shall be defined as refraction and eye examination including case history; exam for disease or pathological abnormalities of eyes and lids; ranges or clear single vision and balance and coordination of muscles for far seeing, near seeing and special working distances analysis; and professional consultation.

Dispensing Optician shall be defined as only a duly qualified to manufacture and sell eyeglasses and/or contact lenses.

Optometrist shall be defined as only a duly qualified person who is legally licensed to practice optometry and only when practicing within the scope of such license.

Ophthalmologist shall be defined as only a duly qualified physician who is licensed to practice medicine.

## **LIMITATIONS**

Expenses incurred for any of the following shall in no event be considered Covered Expenses.

- Services and supplies received in respect to illness or injury which is a result of war, declared or undeclared, or of engaging in a riot;
- Vision checkups or vision screening requested by the employer, a school or a government.
- Treatment received from a medical department maintained by the employer, a mutual benefit association, labor union, trustee or similar type of group;
- Expenses for sun glasses whether prescription type or otherwise, including tinted glasses with a tint other than number one or number two;
- Expenses incurred in connection with orthoptics, vision training or medical or surgical treatment of the eye; and
- Expenses incurred for replacement of lost, stolen or broken lenses or frames.

## **DENTAL EXPENSE BENEFITS**

Maximum Annual Benefit – per Person .....	\$	1,500.00
Deductible – Type II, Type III, Type IV		
Per Covered Individual .....	\$	50.00
Three per family.....	\$	150.00
Not Integrated with Medical Plan		
Type I – Preventive .....		100%
Type II – Routine .....		80%
Type III – Major.....		50%

### **COVERED DENTAL EXPENSES** (No waiting period for Current or New Employees)

The Schedule of Dental Benefits is payable for the usual, customary and reasonable charges actually incurred actually incurred by or in behalf of a Covered Person for the following services and supplies, when deemed necessary by a licensed dentist, for the treatment of dental injury and disease.

#### **Visits and Diagnostic**

- Routine Oral Examinations (2 per year)
- Cleaning of teeth (2 per year)
- X-Ray where professionally indicated.
- Examination, Consultation and Diagnosis.
- Fluoride treatments for children to age 19.

#### **Restorative Dentistry, Oral Surgery and Prosthetics**

- Extractions and Oral Surgery.
- Filling, Inlays and Crowns.
- Treatment of Periodontal and other diseases of the gums and soft tissues of the mouth.
- Root Canal treatment
- Initial Installation of prosthesis (including Dentures) for replacement of one or more natural teeth.
- Replacement of full or partial Dentures that are five years or older and cannot be reasonably restored or repaired.
- Relines, rebases and repairs to existing dentures.
- Sealant – up to age 16 only

#### **Miscellaneous**

- Drugs and/or anesthesia used for control of dental pain during any session of dental treatment.
- Space maintainers for missing primary teeth and habit-breaking appliances.

### **ALTERNATE TREATMENT PROVISION**

There are a wide variety of treatments a dentist may recommend to correct a dental defect or disease. The charges for these treatments may differ considerably. Dental benefits will be determined by the services and supplies that are normally used by dentists, in line with nationwide dental standards, to treat the condition. In determining what benefits should be paid, the total current oral condition of the patient will be considered. Should

the patient and the dentists decide on more expensive treatments, the extra cost will be the patient's responsibility.

### **COORDINATION WITH OTHER COVERAGE**

This Plan contains a provision that will coordinate its dental care with benefits provided by other Plans.

Other Plans means:

- Any group or franchise insurance employee benefit, Blue Cross or other group plan arranged through any employer, trustee, union or employee benefit association;
- Any program treated by a national government or any agency thereof; or
- Private or individual dental coverage, auto medical insurance, or school insurance.

### **DEFINITIONS**

Allowable Expenses means any necessary, reasonable or customary item of expense at least a portion of which is covered under one of the Plans.

Dentist means a individual who is legally licensed to practice dentistry by a governmental authority which has jurisdiction over the licenser and practice of dentistry.

Dental Hygienist means an individual who works under the supervision of a dentist and is legally licensed to practice dental hygiene by a governmental authority which has jurisdiction over the licenser and practices of dental hygiene.

Reasonable and Customary Charges means for each service or combination of services, the lesser of:

- The usual charge of the attending dentist or physician for like service or combination of services in the absence of coverage;
- The prevailing charges determined by the Plan, for like services by a dentist or physician.
  - Who are in the same area as the attending dentist or physician, and
  - Whose training and experience are similar to those of the attending dentist or physician.

Area means that geographical area which the same socio-economic factors prevail throughout.

### **DENTAL EXCLUSIONS AND LIMITATIONS**

- Payments are not made for the treatment or service which is not prescribed by a dentist and performed by a dental hygienist.
- Payment is not made for any services or supplies which are solely for cosmetic purposes.
- Expenses incurred in connection with:
  - Bodily injury arising out of or in the course of any employment for wage or profit;
  - A disease covered by Workers' Compensation Law, Occupational Disease Law or similar legislation.
- Dental services or supplies furnished by the U.S. Government.
- More than one set of full mouth X-rays per twenty-four consecutive month period.

- Bitewing X-rays, routine examinations, or prophylaxis more than once every six month period.
- Expenses for the replacement of a lost or stolen appliance or prosthetic device.
- Charge in excess of those usually made in absence of dental coverage or in excess of the general level of charges in the area (Usual, Customary and Reasonable).
- Stannous fluoride and sodium fluoride treatments more than once per six months up to age 19.
- Payments are not made for dental work completed or appliances placed or delivered after your termination of coverage regardless of when treatment or work began.
- Dental treatment for which a government or governmental agency prohibits the payment of benefits.
- Dental treatment received from a dental or medical department maintained by the employer, a mutual benefit association, labor union, trustee or similar type of group.
- Dental treatment required as the result of any intentional self-inflicted injury, war (declared or undeclared), or as a result of engaging in a riot or insurrection.
- Broken appointments or for completion of claim forms required by the employers plan.
- Dental treatment which is not yet approved by the Council of Dental Therapeutics of the American Dental Association or which is clearly experimental in nature.
- Services rendered for dietary planning for the dental caries, for plaque control, or for oral hygiene instructions.
- Dental treatment involving the use of gold if such treatment could have been rendered at a lower cost by means of a reasonable substitute consistent with generally accepted dental practice. The reasonable and customary charge for the reasonable substitute shall be considered a covered expense.

**EXCESS MEDICAL BENEFIT**

Excess Medical expenses can be paid at the discretion of Panoche Farming Company, LLC

**LIFE INSURANCE****TYPE OF COVERAGE****BENEFIT**

<b>Employee Life</b> .....	\$ 20,000.00
Benefits reduce 65% at age 65, 45% at age 70, 30% at age 75, and 10% at age 90.	
<b>Spouse</b> .....	\$ 2,000.00
Spouse insurance terminates at age 70.	
<b>Children</b>	
Six months and older .....	\$ 1,000.00
14 days to less than six months .....	\$ 1,000.00
Less than 14 days .....	\$ 1,000.00