

**RETAIL STORES - GROUP # S009
SCHEDULE OF VISION BENEFITS FOR PLAN "B"**

Exams	<ul style="list-style-type: none"> • Benefit - \$33 • Frequency - Every 12 months
Frames	<ul style="list-style-type: none"> • Benefit - \$30 • Frequency - Every 24 months
Single Lenses	<ul style="list-style-type: none"> • Benefit - \$58 • Frequency – Every 12 months per pair
Bifocals	<ul style="list-style-type: none"> • Benefit - \$76 • Frequency – Every 12 months per pair
Trifocals	<ul style="list-style-type: none"> • Benefit - \$132 • Frequency – Every 12 months per pair
Contacts	<ul style="list-style-type: none"> • Benefit - \$200 • Frequency – Every 24 months – in lieu of other benefits

ALL CLAIMS MUST HAVE THE POLICYHOLDERS GROUP # (S009) ON THE CLAIM FORM OR IT MAY GET REJECTED.

Submit claims to the following address:

JAS Inc. 4885 South 900 East, Suite 202, Salt Lake City, Utah 84117
Fund Office Customer Service (801) 266-3256 / Toll free (800) 345-3248
Fax (801) 266-4383

IMPORTANT MESSAGE

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and not intended to be used as an authorization for services to be provided. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice.