

SCHEDULE OF BENEFITS

POLICYHOLDER: Focus Staff Services, LP.

POLICY NUMBER: VF023891

ANNUAL ENROLLMENT PERIOD: December 1 to December 31

ELIGIBILITY: All full-time Employees of the Policyholder working in the United States of America who are Actively at Work for the Policyholder and who have completed the Eligibility Waiting Period are eligible for the insurance. A full-time *Employee* is one who regularly works a minimum of 30 hours per week for the *Policyholder*. Part-time, seasonal and temporary *Employees* of the *Policyholder* are not eligible.

Eligibility Period: Current *Employees*: None
New *Employees*: None

Policyholder Contribution: Voluntary Vision 21% of premium

Coverage For: *Employee, Spouse, and Dependent Child*

Dependent Benefit amounts unless otherwise stated:

Spouse Benefits 100% of the *Employee's* benefit amount
Dependent Child Benefits 100% of the *Employee's* benefit amount
Live birth to age 26

Insured Persons have the right to obtain vision care from the *Provider* of his or her choice. However, payment of benefits varies depending on the type of *Provider* chosen. Benefits are payable as shown in the following *Schedule of Benefits*:

BENEFIT	EyeMed Provider	Non-Contracting Provider
Vision Examination* Insured 12 months	\$10 <i>Co-payment</i>	up to \$30
VISION MATERIALS		
Standard Plastic Lenses Insured 12 months		
Single Vision	\$10 <i>Co-payment</i>	up to \$25
Bifocal	\$10 <i>Co-payment</i>	up to \$40
Trifocal	\$10 <i>Co-payment</i>	up to \$55
Lenticular	\$10 <i>Co-payment</i>	up to \$55
Other Lenses (as developed)	N/A	N/A
Frames Insured 24 months	\$0 <i>Co-payment</i> up to \$130 allowance	up to \$65
Contact Lenses (only one option available per Benefit Frequency) Insured 12 months		

BENEFIT	EyeMed Provider	Non-Contracting Provider
Conventional	\$0 <i>Co-payment</i> up to \$130 allowance	up to \$104
Disposable	\$0 <i>Co-payment</i> up to \$130 allowance	up to \$104
Medically Necessary	\$0 <i>Co-payment</i> Paid In Full	up to \$210
Lens Options		
Insured 12 months		
Standard Polycarbonate	\$40 <i>Co-payment</i>	N/A
Standard Polycarbonate (For covered Dependent Children under 19 years of age)	\$0 <i>Co-payment</i>	up to \$5
UV Treatment	\$15 <i>Co-payment</i>	N/A
Tint, Solid or Gradient	\$15 <i>Co-payment</i>	N/A
Standard Plastic Scratch Coating	\$0 <i>Co-payment</i>	up to \$5
Standard Progressive Lenses (add on to Bifocal)	\$75 <i>Co-payment</i> up to \$75 allowance	up to \$40
Premium Progressive Lenses (add on to Bifocal)	Tier 1 \$95 <i>Co-payment</i> Tier 2 \$105 <i>Co-payment</i> Tier 3 \$120 <i>Co-payment</i> Tier 4 \$75 <i>Co-payment</i> up to \$120 allowance	up to \$40
Standard Anti-Reflective Coating	\$45 <i>Co-payment</i>	N/A
Premium Anti-Reflective Coating	Tier 1 \$57 <i>Co-payment</i> Tier 2 \$68 <i>Co-payment</i> Tier 3 80% of charge	N/A
Photochromic Lenses	\$75 <i>Co-payment</i>	N/A

*Covered *Dependent Children* are eligible for more than one exam within 60 days of the initial exam if prescription has changed by 0.50 diopter sphere/cylinder > 20 degrees axis, or visual acuity improvement by one line on standard chart.