Vision Plan - Northwest Administrators, Inc.
October 1, 2003 - September 30, 2004

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

Plan Number	**SSD**	
	In-Network	**Out-Of-Network**
Vision Network:	**NBN Panel Providers**	**Non-Panel Providers**
Deductible	**$0**	
Vision Exam:		
Time Limit	**One every 365 days from the date of last like service**	
Payment Limit	**Paid at 100%**	**Up to $35 reimbursement**
Frames:		
Time Limit	**One every 730 days from the date of last like service**	
Payment Limit	**100% of allowed amount on a wide selection of frames**	**Up to $30 reimbursement**
Lenses:		
Time Limit	**One pair of lenses every 365 days from the date of last like service**	
Payment Limits:		
Single	**100% of allowed**	**$30**
Bifocal	**100% of allowed**	**$40**
Trifocal	**100% of allowed**	**$45**
Lenticular	**100% of allowed**	**$90**
Elective Contact Lenses:		
Time Limit	**Exam, fitting and contact lenses, in lieu of all other services, every 365 days from the date of last like service**	
Payment Limit	**$175**	**$90**
Necessary Contact Lenses:		
Time Limit	**One pair of contacts every 730 days from the date of last like service**	
Payment Limit	**100% of allowed**	**$200**