

FIRSTSIGHT VISION SERVICES, INC.

**SUPPLEMENTAL RIDER TO THE
COMPREHENSIVE EYE EXAMINATION MEMBERSHIP PLAN**

**INDIVIDUAL SERVICES AGREEMENT AND
EVIDENCE OF COVERAGE FOR VISION CARE BENEFITS**

iQ PROGRAM MEMBERSHIP

If you meet the eligibility standards attached to this Supplemental Rider, you can enroll in the FirstSight iQ Program, under the terms below and those contained in the Individual Services Agreement and Evidence of Coverage for Vision Care Benefits (the “Agreement”). This Rider replaces the Schedule of Benefits and Fees of the Agreement. All other terms in the Agreement remain in effect.

2.1 Principal Benefits and Coverage. As a Member, you are entitled to receive the following benefits from a Plan Optometrist during your Membership Period. You must receive each of the products and services from a Plan Optometrist and pay the required Co-payment. The Provider Directory lists the locations of the Plan offices.

COMPREHENSIVE EYE EXAM MEMBERSHIP	
BENEFITS	ADDITIONAL CHARGES
<i>PREPAYMENT FEE</i>	\$45
<i>COMPREHENSIVE EYE EXAM</i>	
You are entitled to receive one comprehensive eye exam, which includes a dilated fundus examination (“DFE” or “dilation”) if your Plan Optometrist deems it necessary. Dilation is the procedure of inserting drops into your eyes to dilate them in order to conduct a more extensive evaluation of the interior structure of the eye.	\$0 Co-payment
At your request, you are entitled to receive a second eye exam.	\$10 Co-payment.
You may receive additional eye exams if your Plan Optometrist believes it is necessary.	\$10 Co-payment for each additional eye exam.
<i>CONTACT LENS EVALUATION AND FITTING</i>	
You are entitled to receive one contact lens evaluation and fitting within 90 days after you receive your first comprehensive eye exam.	\$30 Co-payment for a standard contact lens evaluation and fitting. The Co-payment for a complex contact lens evaluation and fitting (gas permeable, toric, or bifocal contact lenses) is \$55.
You are entitled to follow-up contact lens exams within 90 days after you receive your contact lens evaluation and fitting.	No Co-payment.
You may receive additional contact lens exams after the 90-day contact lens follow-up exam period expires, if your Plan Optometrist believes it is necessary.	\$25 Co-payment for each additional contact lens exam.

COMPREHENSIVE EYE EXAM MEMBERSHIP	
BENEFITS	ADDITIONAL CHARGES
<i>REFERRALS</i>	
If your Plan Optometrist believes you need to see another health care provider, your Plan Optometrist will use his or her best efforts to make a referral. This may include a referral to your primary care doctor or a Referral Ophthalmologist.	You must pay for all services you receive from another health care provider. This includes all services you receive from a Referral Ophthalmologist.
<i>ADDITIONAL SERVICES AND PRODUCTS</i>	
Additional ophthalmic products and services will be available upon request, at your FirstSight office. As a Member, you will also have access to any FirstSight promotions offered to Members of your Membership Plan.	Prices vary.

If you have any questions about your Benefits, please call us at **1-800-841-2790** or email us at **memberservices@firstsightvision.net**.

You can obtain a complete copy of your Agreement and the Provider Directory and file any complaints that you may have by:

- Stopping by any FirstSight office
- Calling us at 1(800) 841-2790
- Emailing us at memberservices@firstsightvision.net
- Writing us at:

FirstSight Vision Services, Inc.
1202 N. Monte Vista Avenue, Suite 17
Upland, CA 91786
- Faxing us at 1 (866) 698-7773
- Downloading a copy of the document or a complaint form from www.firstsightvision.net

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-841-2790** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR applications forms and instructions online.

ELIGIBILITY STANDARDS FOR THE iQ Program

You are eligible to enroll in the iQ Program if you have a valid identification card or other authentic document showing that you currently participate or are qualified to enroll in any of the following programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants, & Children (WIC)
- TANF or Tribal TANF
- Head Start Income Eligible - Tribal Only
- Bureau of Indian Affairs General Assistance (BIA GA)
- Food Stamps / SNAP
- National School Lunch's Free Lunch Program (NSL)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Other low-income programs with income eligibility standards of up to 250% of the federal poverty level.
- If you total current income is no more than the income level shown:

The 2011 Federal Guidelines	
No. of Persons in Family	Guidelines
1	\$ 21,780
2	\$ 29,420
3	\$ 37,060
4	\$ 44,700
5	\$ 52,340
6	\$ 59,980
7	\$ 67,620
8	\$ 75,260
<i>For families with more than 8 persons, add \$ 7,640 for each additional person.</i>	

1-888-466-2219. (Lao)

ВАЖНО: Вы можете бесплатно воспользоваться услугами переводчика во время обращения к врачу или в страховой план. Чтобы запросить переводчика или спросить о наличии печатных материалов на русском языке, позвоните в свой страховой план по телефону 1-800-841-2790. Вам окажет помощь русскоговорящий сотрудник. Если вам нужна помощь в других вопросах, позвоните в справочный центр Организации медицинского обеспечения (HMO) по телефону 1-888-466-2219. (Russian)

MAHALAGA: Maaari kang kumuha ng isang tagasalin nang walang bayad upang makipag-usap sa iyong doktor o sa planong pangkalusugan. Upang makakuha ng isang tagapagsalin o magtanong tungkol sa nakasulat na impormasyon sa Tagalog, mangyaring tawagan muna ang numero ng telepono ng iyong planong pangkalusugan sa 1-800-841-2790. Ang isang tao na nakapagsasalita ng Tagalog ay maaaring tumulong sa iyo. Kung kailangan mo ng dagdag na tulong, tawagan ang Sentro na Tumutulong ng HMO sa 1-888-466-2219. (Tagalog)

CHÚ Ý QUAN TRỌNG: Quý vị có thể nhận được dịch vụ thông dịch miễn phí khi khám tại bác sĩ hoặc khi liên hệ với chương trình bảo hiểm sức khỏe của quý vị. Để nhận được dịch vụ thông dịch hoặc yêu cầu văn bản thông tin bằng tiếng Việt, trước tiên hãy gọi số điện thoại chương trình bảo hiểm sức khỏe của quý vị theo số 1-800-841-2790. Sẽ có người nói được tiếng Việt để giúp đỡ quý vị. Nếu quý vị cần được giúp đỡ thêm, hãy gọi Trung tâm Hỗ trợ HMO theo số 1-888-466-2219. (Vietnamese)

UNIFORM HEALTH PLAN AND BENEFITS COVERAGE MATRIX:

CO-PAYMENTS AND DEDUCTIBLE:

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

PREPAYMENT FEE: \$45

DEDUCTIBLES:	NONE
LIFETIME MAXIMUM:	NONE
PROFESSIONAL SERVICES: COMPREHENSIVE EYE EXAM (includes dilated fundus exam, as indicated)	Co-payment of \$0
Second eye exam	Co-payment of \$10
Subsequent eye exams if your Plan Optometrist believes they are necessary.	Co-payment of \$10 (for each eye exam)
CONTACT LENS EVALUATION AND FITTING (within 90 days of comprehensive eye exam). STANDARD COMPLEX (gas permeable, toric, bi-focal) Follow-up contact lens exams within 90 days of contact lens evaluation and fitting included.	Co-payment of \$30 Co-payment of \$55 No Co-payment
Additional contact lens exams after 90-day contact lens follow-up exam period expires.	Co-payment of \$25 for each additional exam
PRINCIPAL LIMITATIONS: No optical goods are provided as Covered Benefits. Member may purchase ophthalmic materials from any FirstSight office if available, however.	
Additional ophthalmic products and optometry services will be available to Members for purchase. Valid prescription necessary for purchase of ophthalmic products, if available.	Prices vary. All additional charges will be disclosed at the FirstSight office upon request and prior to providing the services.
OUTPATIENT SERVICES:	NONE
HOSPITALIZATION SERVICES:	NONE
EMERGENCY HEALTH COVERAGE:	NONE
AMBULANCE SERVICES:	NONE
PRESCRIPTION DRUG COVERAGE:	NONE
DURABLE MEDICAL EQUIPMENT:	NONE
MENTAL HEALTH SERVICES:	NONE
CHEMICAL DEPENDENCY SERVICES:	NONE
HOME HEALTH SERVICES:	NONE
OTHER:	NONE
DEDUCTIBLES:	NONE
LIFETIME MAXIMUM:	NONE