

**Exhibit A
Participating Dentist Agreement
AMENDED SCHEDULE OF VISION CARE SERVICE FEES**

This Schedule of Vision Care Service Fees for Members shall be attached as page one of Exhibit A to the Participating Vision Agreement (the "Agreement") dated _____, 20 _____, by and between Aon Vision Solutions and _____ ("Provider"). Provider shall provide vision care services to Members with benefits for the following fees in accordance with the following terms and conditions.

EXAMINATIONS WITH DILATION AS NECESSARY

Examination with Dilation as necessary	10% off retail
Contact Lens Examination	10% off retail

FRAMES

Frames	35% off retail
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LENSES

Single Vision	\$50
Bifocal	\$70
Trifocal	\$100

**SPECTACLE LENS ADD ONS
(PER PAIR)**

Ultra Violet	\$15
Anti-Reflective	\$48
Gradient Tint	\$16
Scratch Coat	\$15
Polycarbonate	\$40
Transition	\$77
Standard Progressive (add on to bifocal)	\$60
All other lens add ons not listed	20% off retail

CONTACT LENSES

Regular Contact Lenses	20% off retail
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SUNGLASSES

Non-Prescription Sunglasses	20% off retail
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For prescription sunglasses, please see discounts for frames and lenses. Sunglass tint will be charged at providers' retail rate.

All discounts will be off regular, non-sale retail price. If sale price is lower than plan discount price, sale price must be honored.

CHARGES TO MEMBERS

Provider shall charge Members no more than the fee schedule rates listed above for listed vision care services. Providers may require Members to pay for vision care services in accordance with the Agreement at the time service is rendered. Provider is not obligated to charge Members any specified rates for vision service performed by Provider after Member's membership in Aon Vision Solutions is terminated.

WHEN MEMBERS HAVE A VISION INSURANCE PLAN.

In accordance with Section 2.02 of the Agreement, Provider shall provide vision care services at the rates required in the Agreement to persons insured by self-insured groups or insurance companies.

In California, discounts applicable to frames only.



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Initial and return

Initial: _____ Initial: _____
Vision Provider Aon Vision Solutions