

More Choices Better Quality



Feature	Description
True Choice in provider	<ul style="list-style-type: none"> Choose from independent providers or optical retail chains Members have access to over 23,000 providers at over 12,000 provider locations Network includes independent ophthalmologists, optometrists and opticians, as well as 70 retail chains, including the nation's #1 retailer, LensCrafters.
High Quality Care, Products and Service	<ul style="list-style-type: none"> All providers are credentialed using NCQA standards and monitored through our quality assurance program Members have access to high quality products since we do not restrict our members or providers to specific brands or manufacturers. Choose from any frame available, including designer frames from Luxottica. Providers are not limited to product types and are also free to choose the best lab to service the member.
Value Added Services	<ul style="list-style-type: none"> Members receive a 20% discount beyond plan coverage for items not fully covered by the plan. Secondary Purchase Plan is offered after the initial plan has been used providing up to 45% off additional eyewear purchases. All plans provide 15% discount or 5% off the promotional price for LASIK or PRK procedures. Members are eligible to order replacement contacts lenses by mail at competitive prices.
Service Excellence	<ul style="list-style-type: none"> Best customer service hours in the industry with customer service representatives available seven days a week, including evenings. Comprehensive website where members can view eye care and eyewear information, view benefit levels and how to access them and locate providers.

Key Plan Features	<ul style="list-style-type: none"> Up to 45% overall savings Secondary Purchase Plan provides additional savings beyond initial plan coverage Choice of any frame 	<ul style="list-style-type: none"> No restrictions on brands or manufacturers Replacement contact lens by mail program
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Underwriting Guidelines

- Available to employers with 5 to 99 eligible employees
- Vision is tied to dental
- Vision contribution is the same as dental.
- If 50% or less of the group is located outside California, rates will remain the same.
- If more than 50% of the group is located outside California, the group is not eligible for vision coverage.

All rates are valid for a one-year contract for businesses enrolling not later than December 1, 2006. These rates are for new businesses only.

Vision Care Service	Standard		Enhanced	
	Member Cost	Out of Network Reimbursement	Member Cost	Out of Network Reimbursement
Exam with Dilation as Necessary:	\$10 Copay	\$35	\$10 Copay	\$35
Frames (any frame available at provider location):	\$0 Copay; \$100 allowance for any frame plus 20% off balance over \$100	\$45	\$0 Copay; \$130 allowance for any frame plus 20% off balance over \$130	\$60
Standard Plastic Lenses:				
Single	\$25 Copay	\$45	\$25 Copay	\$45
Bifocal	\$25 Copay	\$65	\$25 Copay	\$65
Trifocal	\$25 Copay	\$85	\$25 Copay	\$85
Lenticular	\$25 Copay	\$125	\$25 Copay	\$125
Lens Options:	Fixed Scheduled Pricing	N/A	Fixed Scheduled Pricing	N/A
Contact Lenses (includes fit, follow-up and materials):				
Conventional	\$0 Copay; 15% off balance over \$115	\$100	\$0 Copay; 15% off balance over \$130	\$110
Disposable	\$0 Copay; balance over \$115	\$100	\$0 Copay; balance over \$130	\$110
Medically Necessary	\$0 Copay; balance over \$250	\$200	\$0 Copay; balance over \$250	\$200
Laser Vision Correction:	15% off retail price or 5% off promotional price	N/A	15% off retail price or 5% off promotional price	N/A
Frequency:				
Exam	Once every 12 months		Once every 12 months	
Frame	Once every 12 months		Once every 12 months	
Lenses or Contact Lenses	Once every 12 months		Once every 12 months	
1 Party	\$6.20		\$6.82	
2 Party	\$11.76		\$12.95	
3 Party	\$17.33		\$19.10	

Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9059

Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Plans non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pair of glasses in lieu of bifocals
- Benefit allowances provide no remaining balance for future use within same benefit period. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period