

Elite Education Vision Plan

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PLAN DESCRIPTION: Full service plan with generous in-network allowances for frames and contact lenses. Low in-network co-pays.

SELECTION OF PROVIDERS: Members may access our national network of participating vision provider locations, or choose an out-of-network provider. Options include independent optometrists and ophthalmologists, plus regional and national retail chains (i.e., Walmart, Sam's Club, Pearle Vision, Target, Sears, JCPenney, Costco* and Visionworks). Members may choose different providers for vision exam and materials purchases. Visit www.AlwaysVision.com or call 888-729-5433 for a list of participating providers. Most participating providers (excluding Costco, Walmart and Sam's Club) offer discounts on items purchased after the insurance benefit has been used and on non-covered items.

Elite Plan		Out-of-Network Allowances
Exam (1 per 12 months)	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	See below
Standard Plastic Lenses: (1 per 12 months) Single Vision Bifocal Trifocal Lenticular Progressive	Covered by co-pay Covered by co-pay Covered by co-pay \$80 allowance \$70 allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
Lens Options: Standard Scratch Resistant Coating	Covered in full	N/A
Frames: (1 per 12 months) Members choose from any frame at provider locations	\$120 retail allowance—covers a wide selection of frames. (\$94 retail frame at Costco*, Walmart, & Sam's Club)	Up to \$50 retail
Contact Lenses: (1 per 12 months) In lieu of eyeglass lenses & frames (Includes, fit, follow-up and materials) Elective Medically Necessary	Up to \$130 retail Up to \$210 retail	Up to \$100 Up to \$210

Rate Guarantee: 24 months from the effective date of coverage.

*Special payment and reimbursement terms apply for materials purchased at Costco.

Monthly Rates:

Employee Only	\$8.86
Employee & Spouse	\$18.08
Employee & Child(ren)	\$15.94
Employee & Family	\$24.78

Final rates subject to home office underwriting verification of participation and other factors. This is only an outline. This outline provides a very brief description of some of the important features of the vision policy. This is not the policy, and only the actual policy provisions prevail. The Elite Education rates above become effective for new groups beginning with a 05/01/13 effective date. Rates are guaranteed 24 months from the effective date of coverage. Members must enroll for a minimum of 12 months.

Other AlwaysVisionSM Specifications

Dependent Children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, Ext. 2013.

Services Not Listed: If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-729-5433, Ext. 2013 to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

This plan will not cover:

- Orthoptics or vision training and any supplemental testing; Plano (non- prescription) lenses; or two pair of eye-glasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);
- Sub-normal vision aids;
- Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. **This is not an insured benefit.** AlwaysCare Benefits, Inc. cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Visit www.AlwaysCareBenefits.com for a list of participating laser vision correction providers.

AlwaysHearingSM Savings Plan

- Available at no cost to all AlwaysCare Members
- Material discounts of between 30%-60% on all major name brand hearing instruments and accessories
- Battery program discounts up to 40% off retail pricing

To access call 1-888-729-5433, Ext. 2013

Underwritten by: Starmount Life Insurance Company

Administered by: AlwaysCare Benefits, Inc.

(a Starmount Life Insurance company), The Starmount Building, 8485 Goodwood Boulevard

Baton Rouge, LA 70806; PH: 1-888-729-5433, ext 2013.

Policy Forms: Vision – VI-2002 and VI-2007

This brochure is a brief overview of the AlwaysCareSM vision plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.