

Facility Services Management, Inc.

Eye Care Highlight Sheet



Effective Date: 09/01/2009

EyeChoice® Plan Information

| Vision Perfect Benefits | | |
|-----------------------------|--------------------|--|
| Annual Eye Exam | covers up to \$45* | In the Vision Perfect Plan, covered benefits are the same whether you visit an in-network or an out-of-network doctor. |
| Single Vision Lenses | covers up to \$35* | |
| Bifocal Lenses | covers up to \$50* | |
| Trifocal Lenses | covers up to \$65* | |
| Standard Progressive Lenses | covers up to \$70* | |
| Lenticular Lenses | covers up to \$70* | |
| Frame | covers up to \$80* | |
| Contact Lenses | covers up to \$95 | |

*subject to calendar year deductible of \$20 for exam/materials

Monthly Rates

| | |
|-----------------------|---------|
| Employee Only (EE) | \$4.96 |
| EE & Spouse | \$10.68 |
| EE & Children | \$8.64 |
| EE, Spouse & Children | \$14.36 |

All rates are valid for policy effective dates through 1/1/2010 and are guaranteed for two years, or to align with Section 125 plan year.

Vision Perfect®

We understand that when it comes to benefits, surprises are a bad thing. That's why we offer Vision Perfect. This plan is based on a schedule of benefits, so you'll know exactly what's covered and what to expect.

Plan Highlights

- Choose any eye care provider
- Employees pay the eye doctor for all services, then submit a claim to us for reimbursement
- Claims are reimbursed based on a schedule of benefits, so your employees know precisely how much is covered ahead of time
- Includes an optional program with access to EyeMed providers who offer eye wear and services at reduced costs. Check for availability in your state

Plan Specifics

- The member will be responsible for any deductible, if applicable, and any cost over the specified plan benefits
- **Plan includes a calendar year deductible of \$20 for exam/materials**
- **Frequency for Exam-Lenses-Frame is 12-12-24 months**
- With the 12-12-24 frequency: Contacts are in lieu of eye glasses and normal frequency rules apply, selecting contacts does not reset the frame frequency, contacts and frame frequencies work independently

Plan Requirements

- Employer funding is not required. If no employer money is involved, it is assumed the eye care plan will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all Section 125 requirements.
- The rates and benefits quoted are based on a minimum of 10 enrolled employees. The "500+ enrolled" rates are based on a minimum of 500 enrolled employees. All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- No benefits are payable for a service which is not listed under the list of eye care services found in the certificate.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.
- This form highlights the eye care coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures.

our fine print

- Please check for availability in your state.
- Covered Expenses will not include, and no benefits will be payable for, expenses incurred for:
 1. vision examinations more than once in any twelve-month period.
 2. lenses more than once in any twelve-month period.
 3. frames more than once in any twenty-four month period.
 4. contact lenses more than once in any twelve-month period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the twelve-month period. When lenses and frames are chosen, expenses for contact lenses are not covered expenses during the twelve-month period.
 5. examinations performed or frames or lenses ordered before the insured was covered under the eye care expense benefits.
 6. subject to extension of benefits, any examination performed or frame or lens ordered after the insured's coverage under the eye care expense benefits ceases.
 7. sub-normal eye care aids; orthoptic or eye care training or any associated testing.
 8. non-prescription lenses.
 9. replacement or repair of lost or broken lenses or frames, except at the normal intervals when services are otherwise available.
 10. any eye examination or corrective eyewear required by an employer as a condition of employment.
 11. medical or surgical treatment of the eyes.
 12. any service or supply not shown on the Schedule of Eye Care Procedures.
 13. coated lenses; oversize lenses (exceeding 71mm); photo-gray lenses; polished edges; UV-400 coating and facets; and tints.

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