

THE LIBERTY NATIONAL VISION PLAN

GROUP INSURANCE COVERAGE

Provided Through The EyeMed Vision Care Network Insured By



3700 South Stonebridge Drive • McKinney, TX 75070



Introducing ... Group Vision Insurance from Liberty National Life Insurance Company.

Vision care is an important part of good health. Eye exams can provide critical indicators of such serious health concerns as arteriosclerosis, high blood pressure, diabetes, and glaucoma.

- Vision problems affect more than 86 million adults over the age of 40.
- More than 10 million Americans suffer serious vision and health problems as a result of computer usage.
- Undetected vision problems can lead to irreversible vision loss, blindness and can have a significant impact on everyday activities.

** Source: Vision Council of America and Check Yearly, See Clearly.*

This is only a brief description of The Liberty National Vision Plan Policy, form GVP. Full details, including exceptions for payment of benefits are in the policy. Insurance benefits provided by Liberty National Life Insurance Company, 2001 Third Avenue South, Birmingham, AL 35233.

THE LIBERTY NATIONAL VISION PLAN includes the ability to obtain services from the EyeMed Vision Care national network of providers – **LensCrafters, Pearle Vision*, Sears Optical, and Target Optical**, augmented by thousands of independent providers. In fact, this plan offers convenient access to more than 32,000 private practice and optical retail providers at over 16,000 locations.

Insureds can choose from a panel that includes optometrists, ophthalmologists, opticians and optical retailers nationwide.

Visit www.enrollwiththeyemed.com/access or call **1-866-723-0513** for more information on the provider network. Coverage for services from a non-network provider is also included.

With over 200 million individuals over the age of 18 wearing some form of vision correction, and the number of Americans suffering from serious vision and health problems due to computer usage, it's no wonder that eye and vision care is one of today's most popular benefits. Employees view vision care as a valuable addition to an overall health care plan. Quality vision programs offer the potential to save thousands in future medical costs.**

Plan Number: 9783549

** Some Vision locations are franchised and do not participate.*

*** EyeMed Vision Care*

HOW THE LIBERTY NATIONAL VISION PLAN WORKS

To access benefits once enrolled, members simply:

- Call or visit one of the thousands of EyeMed Vision Care network providers
- Present your ID card and provide the insured's ID number, for eligibility and benefit plan verification.

There are no claim forms, authorization forms, or waits for reimbursement for in-plan services.

BASIC BENEFITS THROUGH NETWORK PROVIDERS

EYE EXAMINATION

Once each 12 months; No copay

A routine, complete eye examination, refraction, and prescription for eyeglasses. Contact lens examinations require additional fees, and, if indicated, your doctor

may recommend additional procedures, which are the responsibility of the employee.

EYEGLOSS LENSES

Once each 24 months; No copay

Benefits include standard uncoated plastic lenses of any size or power.

FRAMES

Once each 24 months; No copay

Any frame up to a regular retail value of \$100. Frames above \$100 regular retail are available at an additional, discounted charge.

CONTACT LENSES

Instead of glasses

Any pair of contact lenses up to a regular retail price of \$100. Contacts above \$100 are available at an additional charge. Contacts can be obtained from a network provider or through the mail order Contact Lens Replacement Program.

ADDITIONAL NETWORK BENEFITS

Unlimited additional pairs of glasses and contacts are available to employees and covered dependents only through EyeMed Vision Care providers at the following costs:

FRAMES & LENSES

Insureds can also receive a 40% discount off a complete pair of eyeglass purchases and a 15% discount off conventional contact lenses after insured benefits are exhausted.

LENS OPTIONS (ADD TO LENS PRICES ABOVE)

UV Coating.....	\$15
Tint.....	\$15
Scratch Resistance.....	\$15
Polycarbonate (Standard).....	\$40
Anti-Reflective Coating.....	\$45
Standard Progressive (bifocal).....	\$65

All Items not listed: 20% discount from regular retail prices

LASIK SURGERY

EyeMed Vision Care provides discounts to members interested in Lasik. This non-insured benefit can provide substantial savings. Call 1-877-552-7376.

CONTACT LENSES

Visit EyeMed nationwide locations and save up to 20% off regular retail prices (10% on disposables), or order via the internet at substantial savings at www.eyemedcontacts.com

OUT OF PLAN BENEFITS

The greatest benefit is realized when members use in-plan providers. But members may choose non-network providers and materials, paying the provider in full and receiving reimbursement from the plan according to the following schedule.

Eye examination	up to \$30
Frames	up to \$40
Lenses – single vision.....	up to \$25
Lenses – Bifocal	up to \$45
Lenses – Trifocal	up to \$55
Contact Lenses	up to \$75

LIMITATIONS AND EXCLUSIONS

In no event will payment exceed the lesser of:

- the actual cost of covered Services or Materials; or
- the limits of the Policy, shown in this Schedule.

NOT COVERED

1. Orthoptic or vision training and any associated supplemental testing.
2. Plano lenses.
3. Lens Coatings (except as specifically included).
4. Two pair of glasses, in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eye-wear, required by an employer as a condition of employment.
7. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
8. No-line bifocal or progressive lenses (except as specifically included).
9. Photo-chromatic lenses.
10. Low vision aids or non-prescription lenses.
11. Charges in excess of the Reasonable and Customary charge for the Service or Materials.
12. Charges incurred after:
 - a) the Policy ends; or
 - b) the Insured's coverage under the Policy ends, except as stated in the Policy.
13. Experimental or non-conventional treatment or device.
14. Spectacle lens or "add-ons," except as specifically included, and oversize lenses.
15. High Index lenses of any material type.

In the event of any dispute, claim question, or disagreement arising out of or relating to this policy, the parties shall use their best efforts to settle such disputes. To this effect, they shall negotiate with each other in good faith to reach a just solution.

If the parties do not reach a solution by negotiation as described above within sixty (60) days, then upon written notice by either party to the other, all disputes, claims, questions and controversies of any kind or nature arising out of, or relating in any way to, this policy, its subject matter, its negotiation, issuance or termination shall be submitted to binding arbitration pursuant to the provisions of the Federal Arbitration Act and according to the Arbitration Rules of the American Arbitration Association then in effect.