

Are You Looking for Affordable Vision Benefits?



EyeMed 
The Eye Care Plan of America™

The nation's #1 Optical Source:



Why Is Vision Care Important?

- 61% of the US population (169 million people) currently wear some form of vision correction*
- More than half of all children age 14 and younger wear some form of vision correction; the range of 10-14 year-olds wearing a form of vision correction is expected to increase approximately 5% by the year 2010*
- Comprehensive eye exams can detect general health problems (which, treated early, can help keep your medical premiums down!)

Source:

* US Optical Industry Handbook, 2002

Take a look at IAC Vision Plans!

Benefit Choices

- Two comprehensive plan designs to choose from
- Wide selection of lens options
- Designer frames at affordable prices
- Discounted fees for Lasik or Partial Radial Keratotomy (PRK) vision correction from participating providers
- Annually renewing benefits

Extensive Provider Network

- Offered through EyeMed Vision Care
- Featuring LensCrafters, the #1 optical retailer in the U.S.
- Thousands of participating providers at more than 800 stores nationwide
- Vision exams through fully credentialed optometrists and ophthalmologists

High Touch and High Tech Customer Service

- 7-day per week access to Member Services - best hours in the industry
- 24-hour access to information through Website and provider locator telephone service



*Brought to you by Insurers Administrative Corporation (IAC),
one of the nation's largest third-party administrators.
Ask your agent about IAC's major medical health plans.*

How Does My Plan Work?

For Participating Providers:

Eye Exams

The plan pays 100% of the cost after you make your copay. *Benefit can be used once every 12 months.*

Standard Plastic Lenses

The plan pays 100% of the cost after you make your copay. *Benefit can be used once every 12 months.*

Frames

The plan pays up to \$100 for any frame available at the provider location, then 20% of any amount over \$100. *Benefit can be used once every 12 months.*

Contact Lenses

Conventional Lenses: The plan pays up to \$115 per year. You pay 85% of any balance over \$115.

Disposable Lenses: The Plan pays up to \$115 per year. You pay any balance over \$115.

Medically Necessary Lenses: The plan pays up to \$250 per year. You pay any balance over \$250. Benefit may be used once every 12 months and applied to a single order.

**See the reverse of this page
for plan details and rates**

Plan Limitations/Exclusions

- Orthoptic vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment
- Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care

Secondary Purchase Discount

Additional Savings After You've Exhausted Your Plan's Annual Benefits!

- Members may utilize this discount once the initial plan has been exhausted
- The Secondary Purchase Discount is included at no additional cost
- Members will receive a 20% discount on remaining balance at participating providers beyond plan coverage, which may not be combined with other discounts or promotional offers, and the discount does not apply to the EyeMed provider's professional services or to disposable contact lenses
- Retail prices may vary by location



The IAC Vision Plans are underwritten by Fidelity Security Life Insurance Company (FSL), which has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

This plan is governed by M-9004 Policy Numbers: VC-20, VC-37, VC-38

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IAC Vision Plans Overview

| | Option 1 | | | Option 2 | | | Secondary Purchase Discount |
|---|---|---------------------------------|---------------------------------|---|---------------------------------|---------------------------------|--|
| Vision Care Services | <i>Member Cost</i> | <i>Out-of-Network Allowance</i> | | <i>Member Cost</i> | <i>Out-of-Network Allowance</i> | | <i>Automatically Included! Member Cost</i> |
| Exam with Dilatation as Necessary: | \$10 Copay | Up to \$35 | | \$20 Copay | Up to \$35 | | \$5 off routine exam \$10 off contact lens exam |
| Standard Plastic Lenses: | \$25 Copay | Up to \$25 | | \$20 Copay | Up to \$25 | | \$35 Copay* |
| Single Vision | \$25 Copay | Up to \$40 | | \$20 Copay | Up to \$40 | | \$55 Copay* |
| Bifocal | \$25 Copay | Up to \$55 | | \$20 Copay | Up to \$55 | | \$90 Copay* |
| Trifocal | \$25 Copay | Up to \$55 | | \$20 Copay | Up to \$55 | | \$90 Copay* |
| Lenticular | \$25 Copay | Up to \$55 | | \$20 Copay | Up to \$55 | | \$90 Copay* |
| Frames: | \$0 Copay, \$100 allowance toward any frame plus 20% off balance over \$100 | | Up to \$45 | \$0 Copay, \$100 allowance toward any frame plus 20% off balance over \$100 | | Up to \$45 | 45% off retail price up to \$130 plus 20% off balance over \$130 |
| Lens Options: | \$12 Copay | | N/A | \$12 Copay | | N/A | \$12 Copay |
| UV Coating | \$12 Copay | | N/A | \$12 Copay | | N/A | \$12 Copay |
| Tint (<i>Solid or Gradient</i>) | \$15 Copay | | N/A | \$15 Copay | | N/A | \$15 Copay |
| Standard Scratch-resistance | \$35 Copay | | N/A | \$35 Copay | | N/A | \$35 Copay |
| Standard Polycarbonate | \$45 Copay | | N/A | \$45 Copay | | N/A | \$45 Copay |
| Standard Progressive (<i>add-on to bifocal</i>) | \$45 Copay | | N/A | \$45 Copay | | N/A | \$45 Copay |
| Standard Anti-reflective Coating | 20% Discount | | N/A | 20% Discount | | N/A | 20% Discount |
| Other Add-ons and Services | 20% Discount | | N/A | 20% Discount | | N/A | 20% Discount |
| Contact Lenses: (In Lieu of Lenses) | \$0 Copay, plus 15% discount off balance over \$115 | | Up to \$100 | \$0 Copay, plus 15% discount off balance over \$115 | | Up to \$100 | <i>(Discount on materials only)</i> 15% off retail |
| Includes fit, follow-up and materials | \$0 Copay, plus balance over \$115 | | Up to \$100 | \$0 Copay, plus balance over \$115 | | Up to \$100 | N/A |
| Conventional | \$0 Copay, plus balance over \$250 | | Up to \$200 | \$0 Copay, plus balance over \$250 | | Up to \$200 | N/A |
| Disposables | \$0 Copay, plus balance over \$250 | | Up to \$200 | \$0 Copay, plus balance over \$250 | | Up to \$200 | N/A |
| Medically Necessary | \$0 Copay, plus balance over \$250 | | Up to \$200 | \$0 Copay, plus balance over \$250 | | Up to \$200 | N/A |
| 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 | 15% off retail price - or - 5% off promotional price |
| Lasik or PRK | 15% off retail price - or - 5% off promotional price | | N/A | 15% off retail price - or - 5% off promotional price | | N/A | 15% off retail price - or - 5% off promotional price |
| From U.S. Laser Network | 15% off retail price - or - 5% off promotional price | | N/A | 15% off retail price - or - 5% off promotional price | | N/A | 15% off retail price - or - 5% off promotional price |
| Frequency: | Once every 12 months | | N/A | Once every 12 months | | N/A | Unlimited! |
| Examination | Once every 12 months | | N/A | Once every 12 months | | N/A | Unlimited! |
| Frame | Once every 12 months | | N/A | Once every 12 months | | N/A | Unlimited! |
| Lenses | Once every 12 months | | N/A | Once every 12 months | | N/A | Unlimited! |
| Contact Lenses (<i>single order only</i>) | Once every 12 months | | N/A | Once every 12 months | | N/A | Unlimited! |
| | OPTION 1 | | | OPTION 2 | | | SECONDARY PURCHASE |
| | <i>Employer Groups Only</i> | | <i>Groups & Individuals</i> | <i>Employer Groups Only</i> | | <i>Groups & Individuals</i> | <i>Groups & Individuals</i> |
| Monthly Rates: | Non-Voluntary | Modified Non-Voluntary | Voluntary | Non-Voluntary | Modified Non-Voluntary | Voluntary | Included! |
| Primary Applicant | \$6.60 | \$8.58 | \$12.05 | \$6.06 | \$7.89 | \$11.35 | Included! |
| Primary + Spouse | 12.49 | 16.25 | 22.85 | 11.45 | 14.88 | 21.51 | Included! |
| Primary + Child(ren) | 13.15 | 17.11 | 24.05 | 12.05 | 15.68 | 22.63 | Included! |
| Full Family | 19.68 | 25.58 | 36.03 | 18.05 | 23.45 | 33.92 | Included! |

Non-Voluntary - 100% Employer Contribution required for Employee & Dependent Premium

Modified Non-Voluntary - 75% Participation or Employer contribution of 100% for Employee, 0% for Dependents

Voluntary - For individuals¹ when purchasing an IAC health plan only, or for groups with no participation or contribution requirements

¹ Individuals who are purchasing these plans on a stand-alone basis will be required to pay premium on an annual basis

*Member copay cost is \$15 higher for services rendered by providers in AK, CA, HI, OR & WA

Check with your agent for plan availability. Not all plans are available in every state.