

Choosing better eyesight for you and your family



Vision Insurance

Why is vision health important?

A good eye exam can help you improve your eyesight and your health.

- 50% of the U.S. population requires corrective lenses.¹
- 90% of those who spend three hours or more per day working at a computer suffer from vision problems associated with eyestrain.²
- An eye exam can help provide early detection of major health issues³, such as diabetes.

How does my plan work?

You will get the most from your vision benefits by visiting a VSP doctor. VSP's Signature Network offers a wide choice of private practice optometrists, ophthalmologists and opticians. A VSP provider can be located by visiting vsp.com or calling VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, all you have to do is identify yourself as a VSP member to receive services. There are no claims forms to complete.

If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount by that provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

How do I know if I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company. Full-time means working 20.0 hours or more per week. Temporary or seasonal workers are not eligible.

Key Advantages of This Plan

- Doctors who offer flexible hours and office settings.
- Eyewear choices we believe you'll love.
- Access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP).
- No ID cards are needed.

Sources: ¹ Transitions Optical, Inc. 2009

² American Optometric Association. Computer Vision Syndrome. Available at: [HTTP://www.aoa.org/x5374.xml](http://www.aoa.org/x5374.xml). Accessed March 31, 2009

³ Human Capital Management Services, Inc. May, 2005 - June, 2009

⁴ Netminder as of March 29, 2010

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.



Vision Q&A

Q. What about coverage for my family?

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children from live birth but less than age 26. See your certificate or group insurance policy for additional eligibility details.

Q. How do I use my Vision benefit?

A. Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest.

Q. How do I locate an In-Network VSP doctor?

A. You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors in the Signature Network at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Q. What happens if I use an Out-Of-Network provider?

A. If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Q. When will my coverage become effective?

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

How much does Vision insurance cost?

The financial assistance that Vision insurance provides doesn't have to take a big bite out of your wallet. Review the costs below and the benefits to determine if Vision insurance is right for you.

Monthly Cost for Vision Insurance*	
For you	\$9.88
For you and your spouse	\$19.76
For you and your child(ren)	\$20.02
For you and your family	\$31.20

* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

What benefits does the plan offer?

Vision Insurance Schedule			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam - focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	Average 15% off the regular price or 5% off the promotional price. Available from contracted facilities.	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 24 months	\$130 allowance for the frame of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for a contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Visually Necessary Contact Lenses <i>Available one time each benefit period.</i>	Visually necessary contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a network provider. \$25 copay.		Up to \$210
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Limitations, exclusions, restrictions and reductions

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision benefit details.

The allowance for lenses shown in the Vision benefit details is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision benefit details)

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses (lenses and frames), in lieu of bifocals or trifocals
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision benefit details
- Materials, services or options not shown in the Vision benefit details
- Treatment or materials of an experimental nature

State variations can exist; please contact Sun Life Financial for additional information.

This vision plan does not provide coverage for pediatric vision services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).