

Plan Description: Full Service plan with generous in-network allowances for frames (\$74 retail at Wal-Mart / \$100 at other in-network providers) and contact lenses \$130 retail). Low in-network co-pays: \$10 for an exam and no co-pay for materials at Wal-Mart (\$15 material co-pay at other in-network providers).

Selection of Providers: You have access to our national network of Providers. The Provider panel contains independent optometrists and ophthalmologists, as well as regional and national retail chains (including Wal-Mart, Sam's Club, Costco*, Pearle Vision, Target, Sears, JCPenney and EyeMasters). Members may choose different providers for vision exam and materials purchases. Out-of-network benefits are available, but members receive the best value in-network. Visit www.AlwaysCareBenefits.com or call 888-729-5433, Ext. 2013 for a list of participating providers. Most participating providers (excluding Wal-Mart, Sam's Club & Costco) offer discounts on items purchased after the insurance benefit has been used.

Benefit Frequencies:

Examination	Once every 12 Months
Eyeglass Lenses	Once every 12 Months
Frames	Once every 12 Months
Contact Lenses	Once every 12 Months

Monthly Rates:

Employee Only	\$7.86
Employee & Spouse	\$16.84
Employee & Child(ren)	\$12.70
Employee & Family	\$23.12

Vision Exam Benefit: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

Vision Materials Benefit: Each member may purchase eyewear in the form of an eyeglass frame and lenses or contact lenses with this plan. Purchases are subject to benefit frequencies and co-pays. Contact lenses may be purchased in lieu of frames and eyeglass lenses. Plan features include:

- **Frame Benefit:** Members may choose any frame within a provider's collection, subject to the retail frame allowance listed below. If the cost is greater than the plan's benefits, the member is responsible for the difference.
- **Eyeglass Lens Benefit:** Members always receive new lenses of the highest quality and craftsmanship. Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered in full and plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, the member is responsible for the difference.
- **Contact Lens Benefit:** Members electing contact lenses instead of glasses may choose to apply the contact lens retail allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, the member is responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider.
- **Laser Vision Correction:** Members receive a discount on Lasik or PRK prices with participating surgery providers across the country (not an insured benefit).

Vision Care Services	Wal-Mart Vision Centers	Other Participating Providers	Out-of-Network Allowance
Exam	\$10 Co-pay	\$10 Co-pay	Up to \$30
Materials	\$0 Co-pay	\$15 Co-pay	See below
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Progressive	Covered Covered Covered \$80 allowance \$70 allowance	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: Scratch resistant coating Polycarbonate Lenses for children	Covered Covered	N/A N/A	N/A N/A
Frames: Members choose from any frame available at provider locations.	Up to \$74 retail allowance, covers a wide variety of frames available at Wal-Mart.	Up to \$100 retail allowance (retail amount may vary at some providers). \$74 at Costco.	Up to \$40 retail
Contact Lenses: Includes fit, follow-up and materials) Elective Medically Necessary	No Co-pay Up to \$130 retail Up to \$210 retail	Up to \$130 retail Up to \$210 retail	Up to \$130 retail Up to \$210 retail

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 eyeglasses 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.

*Special payment and reimbursement terms apply for material purchases at Costco.

Underwritten by: Starmount Life Insurance Company
Administered by: AlwaysCare Benefits, Inc.
(a Starmount Life Insurance company), The Starmount Building, 7800 Office Park Blvd
Baton Rouge, LA 70809; PH: 1-888-729-5433, ext 2013.
Policy Forms: Vision – VI-2002 and VI-2007

This brochure is a brief overview of the AlwaysVisionSM 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.