



TEAMWORKS

VISION PLAN SUMMARY

This is a multi-option plan. Each employee may choose from the following plans.

Outline of Benefits	Option 1		Option 2		Option 3	
Provider Network	AlwaysVision™ PPO Network 22,000+ Providers Nationwide www.alwaysvision.com		AlwaysVision™ PPO Network 22,000+ Providers Nationwide www.alwaysvision.com		AlwaysVision™ PPO Network 22,000+ Providers Nationwide www.alwaysvision.com	
Plan Type	Exam & Materials Coverage In and out of Network Benefits		Exam & Materials Coverage In and out of Network Benefits		Materials Only Coverage In and out of Network Benefits	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Co-Pay:						
Exam (Once every 12 months)	\$10	Up to \$35	\$10	Up to \$35	N/A	N/A
Materials (Once Every 12 months)	\$10	see below	\$25	see below	\$10	see below
Standard Plastic Lenses: (Once every 12 Months)						
Single Vision	Covered by Co-pay	Up to \$25	Covered by Co-pay	Up to \$25	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40	Covered by Co-pay	Up to \$40	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$50	Covered by Co-pay	Up to \$50	Covered by Co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50	\$80 allowance	Up to \$50	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40	\$70 allowance	Up to \$40	\$70 allowance	Up to \$40
Lens Options:						
Scratch resistant coating	N/A	N/A	N/A	N/A	N/A	N/A
Polycarbonate Lenses for children	N/A	N/A	N/A	N/A	N/A	N/A
Frames: (Once every 12 Months) Members choose from any frame available at provider locations.	\$120 retail frame. Covers a wide selection of frames. (\$94 retail frame at Wal-Mart & Sam's Club)	Up to \$50	\$120 retail frame. Covers a wide selection of frames. (\$94 retail frame at Wal-Mart & Sam's Club)	Up to \$50	\$120 retail frame. Covers a wide selection of frames. (\$94 retail frame at Wal-Mart & Sam's Club)	Up to \$50
Contact Lenses: (Once every 12 Months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses & frames						
Elective	Up to \$120 retail	Up to \$100	Up to \$120 retail	Up to \$100	Up to \$120 retail	Up to \$100
Medically Necessary	Up to \$210 retail	Up to \$210	Up to \$210 retail	Up to \$210	Up to \$210 retail	Up to \$210
Laser Vision Correction:	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.					
Selection of Providers	AlwaysVision™ offers a nationwide PPO network consisting of over 22,000 Providers nationwide. The Provider panel contains independent optometrists and ophthalmologists, as well as regional and national retail chains (including Wal-Mart, Pearle Vision, Target, Sears, JC Penney 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) offer discounts on items purchased after the insurance benefit has been used.					
Limitations	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.					
Exclusions	This plan does 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.					
Employee Only	\$8.02		\$7.02		\$5.90	
Employee & Spouse	\$16.02		\$14.02		\$11.78	
Employee & Child(ren)	\$16.98		\$14.80		\$12.36	
Employee & Family	\$26.64		\$23.24		\$19.46	

This is only an outline. This outline provides a very brief description of some of the important features of the policy. This is not the policy, and only the actual policy provisions prevail.

Underwritten by: National Guardian Life Insurance Company, Madison, WI
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.