



The Securance Group, Inc. January 1, 2008 through December 31, 2008

Open your eyes to high-quality vision care! The average family spends close to **\$600 each year** on routine eye health care. Using Compbenefits' VisionCare Plan, you will receive your routine eye health care with just a small co-payment.

Compbenefits' **VisionCare** Plan provides coverage for:

- **Eye examinations**
- **Frames**
- **Eyeglass Lenses**
- **Contact Lenses**
- **Discount on LASIK surgery**

Plus, when ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- A **20% discount** on a second pair of eyeglasses
- A **15% discount** on **professional service fees** for elective contact lenses (**exam and fittings**).

MONTHLY RATES		SERVICE FREQUENCY		CO-PAYMENTS	
Employee only	\$ 8.04	Vision exam:	Once every 12 months	Exam:	\$15.00
Employee + One Dependent	\$16.04	Lenses	Once every 12 months	Materials	\$15.00
Employee + family	\$21.44	Frame:	Once every 24 months		

SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an **example** of how the plan helps you save over the course of a year:

If You Get:	You Pay:	
	VisionCare Doctor	Typical Retail
Eye exam	.00	\$ 85.00
Frame (designer style)	.00	120.00
Lenses: Bifocal	.00	100.00
Option (pink tint #1 or #2)	.00	15.00
Co-payments:		
\$15 exam/\$15 materials	\$ 30.00	N/A
Premium (\$8.04 monthly X 12)	\$ 96.48	N/A
Total Cost	\$126.48	\$320.00
Pre-tax savings) assuming 18% tax bracket & 7.65% FICA)	- 24.75	.00
Net Cost	\$101.73	\$320.00

YOUR TOTAL SAVINGS THROUGH VISIONCARE: 68% OFF RETAIL

In this example, you would have saved **\$218.27** in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

HOW DOES VISIONCARE PLAN WORK?

Members simply select any **in-network** optometrist or ophthalmologist and schedule an appointment. You can locate a provider in your area by accessing the current directory online at www.mycompbenefits.com.

The Plan is simple to use. Select a doctor from our provider directory and call for an appointment. At the time of your appointment, present your ID Card to the participating provider. Members will pay only their co-payments and for any extra cosmetic options selected. There are no additional forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, pay the doctor at the time of the visit and submit receipts to CompBenefits for reimbursement. Benefits are paid according to a reimbursement schedule listed below.

Maximum Allowances	Network Doctor (After co-payments/ Up to plan limits)	Non-network Reimbursement Amount
Eye Exam	Paid in full	\$35
Lenses (per pair)		
Single	Paid in full	\$25
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
Contact Lenses		
Elective (fitting, follow-up & lenses) *	\$120*	\$120*
Medically necessary**	Paid in full	\$210
Frame	\$40 wholesale	\$40 retail
Lasik***	See Below	No Benefit
Members receive benefits when services are received from a TLC Truvision network provider with the following preferred rates:		
<ul style="list-style-type: none"> Silver Package: \$895/eye for Conventional LASIK Gold Package: \$1,295/eye for CustomLASIK Platinum Package: \$1,895/eye for CustomLASIK plus Bladeless LASIK (using IntraLase technology). 		
Members will also receive a 10% discount off UCR charges at other preferred LASIK provider locations, and pay no more than \$1,800 per eye for the Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.		

* If you prefer contact lenses, the plan provides an allowance for your contacts **in lieu of all other benefits**.

** Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia and/or binocular aphakia where the doctor certifies contact lenses are medically necessary for safety and rehabilitation to a productive life.

*** Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.

This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference your certificate of coverage.

CAN I GET CONTACTS INSTEAD OF LENSES?

Yes. If you prefer contacts instead of glasses, your vision **exam is covered-in-full** with your exam co-payment and VisionCare Plan provides a generous **allowance of \$120.00** to be applied towards your fitting and follow-up fees as well as materials costs. The Contact Lens allowance is in **LIEU OF THE LENS / FRAME BENEFIT** and is provided with the same frequency as your lens benefit.

CAN I GO ONLINE TO FIND OUT MORE ABOUT MY PLAN OR GET ASSISTANCE?

We are located online at www.mycompbenefits.com where you can learn more about your plan, check your benefits, use our Provider Locator, send us an email, and more.

HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Member Services Department with any questions or concerns at: 1-800-865-3676, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST or locate us on the web at www.mycompbenefits.com.