



Optional Vision Insurance



Spirit Dental & Vision's vision plan is available through the EyeMed Vision Care Network. EyeMed is a leading vision benefits company, offering the following features:

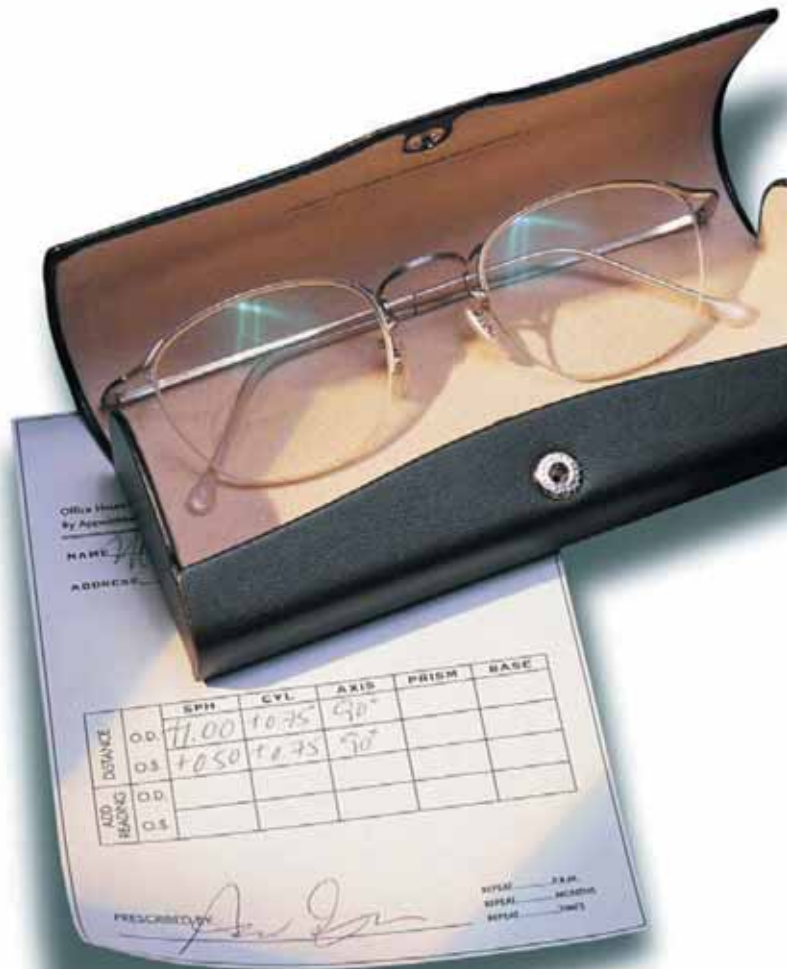
- Savings on eye care and eyewear
- Quality standards for care and materials
- Access to thousands of providers nationwide, including the nation's top optical retail brands

Eye Examinations

Annual eye exams do more than check patients' vision. Eye doctors can detect a variety of serious conditions, including diabetes, high blood pressure and glaucoma. Early detection and treatment can minimize the effect of these conditions on long-term health. Spirit Vision Insurance covers annual eye exams for maximum health benefits.

Using The Plan

- Members locate a provider by going to www.eyemedvisioncare.com. They can register to use the secure member site once enrolled, or choose **Access** from the locator drop-down box.
- Members identify themselves as EyeMed members through Spirit Vision and present the plan ID card and member ID number.
- The provider will do the rest! There are no claim or authorization forms necessary for in-network benefits.
- For the most accurate information, remember your Plan Number: **9926759**



In-Network Benefits

EYE EXAMINATIONS

\$10 copay (once every 12 months)

Eye examinations include dilation as determined by the doctor.

EXAM OPTIONS

Contact lens wearers will pay up to \$55 for standard contact lens exam, including fit and follow-up, or receive 10% off retail price for premium contact lens exam, fit and follow-up.

EYEGLASS LENSES

\$20 copay (once every 24 months)

Plans cover standard plastic single vision, bifocal or trifocal lenses of any size or power. Lens options are available at additional cost.

FRAMES

\$0 copay (once every 24 months)

Plans include a \$130 retail allowance that can be applied toward the purchase of any frame available at the provider location. The member will also receive a 20% discount off the balance if selecting a frame that costs more than \$130.

CONTACT LENSES (Instead of lenses and frame)

\$20 copay (once every 24 months)

Plans include a \$130 retail allowance that can be applied toward the purchase of conventional or disposable contact lenses. If the member chooses conventional contact lenses with a retail price over \$130, he or she will receive 15% off the balance. Medically necessary contact lenses are paid in full after the copay.

Replacement contact lenses can be ordered online and conveniently delivered to members' homes through www.eyemedcontacts.com.

ADDITIONAL DISCOUNTS

Spirit Vision members will also receive unlimited additional discounts on purchases made at participating provider locations, including:

- 40% off additional complete pairs of eyeglasses
- 15% off additional purchases of conventional contact lenses
- 20% off non-covered items like cleaning cloths or nonprescription sunglasses

Monthly Premium	
Individual:	\$7.00
Individual + 1:	\$14.00
Family:	\$20.00

Out-of-Network Benefits

Members receive the richest benefits when using a participating EyeMed provider. However, the plan includes an out-of-network benefit for services and materials obtained through non-network providers.

REIMBURSEMENT LEVELS

Eye Examination - Up to \$25	Frames - Up to \$40
Single Vision Lenses - Up to \$20	Bifocal Lenses - Up to \$30
Trifocal Lenses - Up to \$40	Contact Lenses - Up to \$60

USING OUT-OF-NETWORK BENEFITS

Members must file claims for out-of-network benefits. Members can obtain an out-of-network claim form from EyeMed's Web site, www.eyemedvisioncare.com, or by calling 866-723-0513. Members will pay for all services and materials in full, then submit the completed claim form with receipts for reimbursement.

Limitations and Exclusions

- The cost of a lens in excess of a standard lens will not be covered. A standard lens is any lens fitting in a frame with an eye size less than 61. Charges for replacement lenses will not be covered, unless there is a change in prescription.
- The cost of a frame in excess of a standard frame will not be covered. A standard frame is any frame with a retail value of \$100 or less. The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.
- The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

We will not pay or provide alternate benefits for any of the following:

1. Items, treatments or services:
 - a. not listed as an eligible expense;
 - b. not prescribed by or performed by or under the direct supervision of a vision provider; not visually necessary to restore or maintain a patient's visual acuity and health;
 - c. not meeting the accepted standards of vision practice;
 - d. experimental in nature; or
 - e. covered under any medical insurance policy.
2. Orthoptics or vision training and any associated supplemental testing.
3. Plano lenses (less than a $\pm .50$ diopter power).
4. Two pair of glasses in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Replacement of lenses, frames or contacts furnished under this policy that are lost or broken, except at the normal intervals when services are otherwise available.
7. Corneal refractive therapy or orthokeratology.
8. Artistically painted contact lenses.
9. Additional office visits for contact lens pathology.
10. Contact lens modification, polishing or cleaning.
11. Charges for service agreements or insurance policies.
12. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
13. Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
14. Codes that are by report.
15. Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.

Benefits are limited as follows:

1. In the event you transfer from the care of one vision provider to that of another during the course of treatment, or if more than one vision provider performs services for one eligible expense, we shall be liable for not more than the amount we would have been liable for had but one vision provider performed the service.
2. This policy is designed to cover visual needs rather than cosmetic materials. If you select any of the following, we will pay the basic cost of the allowed lenses: optional cosmetic processes; anti-reflective coating; color coating; mirror coating; scratch coating; blended lenses; cosmetic lenses; laminated lenses; oversized lenses; photochromic lenses, tinted lenses except Pink #1 and Pink #2; progressive multifocal lenses; UV (ultraviolet) protected lenses; certain limitations on low vision care.

Note: This vision rider benefit is optional to purchase at an additional cost and terminates with the policy to which it is attached.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Vision Rider IPR1001-PPO (and any state specific), and Vision Rider GHR-1112(Vision) (and any state specific). Premium rates may change upon renewal. This rider may not be available in all states and is subject to individual state regulations.