

Welcome to AlwaysCare! We are pleased to offer vision benefits for you and your family effective 1/1/2018.

Did you know? Routine vision care is critical to being your best both personally and professionally.

Selection of Providers: You have access to our national network of independent eye care professionals and large optical retail chains (including Walmart, Sam's Club, Costco*, Pearle Vision, Target, Sears, JCPenney and Visionworks). You may choose different providers for the vision exam and materials purchases. Visit www.AlwaysCareBenefits.com or call 888-729-5433, Ext. 2013 for a list of participating providers.

Covered Benefits:

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

Materials: Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame Benefit:** You 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, you are responsible for the difference.
- **Eyeglass Lens Benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Contact Lens Benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are 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. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.
- **Laser Vision Correction:** Discounts are available with participating surgery providers across the country (not an insured benefit).

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 | \$6.24 |
| Employee + Spouse | \$13.34 |
| Employee + Child(ren) | \$10.06 |
| Employee + Family | \$18.32 |

*Rates valid from 1/1/2018 to 1/1/2020.

| Vision Care Services | Walmart Vision Centers | Other Participating Providers | Out-of-Network |
|---|--|--|--|
| 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 by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$100 allowance | Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$100 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 to age 19 | Covered Covered | N/A N/A | N/A N/A |
| Frames: Members choose from any frame available at provider locations. | Up to \$94 allowance | Up to \$120 allowance (\$94 at Costco*) | Up to \$40 retail |
| Contact Lenses**: (Includes fit***, follow-up and materials) Elective Medically Necessary | No Co-pay Up to \$130 allowance Up to \$210 allowance | Up to \$130 allowance Up to \$210 allowance | Up to \$130 Up to \$210 |

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

**Contact lenses are in lieu of eyeglass lenses and frames.

***Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

Other AlwaysCare Vision 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.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

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.AlwaysVision.com for a list of participating laser vision correction providers.

AlwaysCare Hearing Savings Plan

- Available at no cost to all AlwaysCare Members
- Material discounts of between 30%-60% on all major name brand hearing instruments and accessories
- Battery program discounts up to 40% off retail pricing

To access call 1-888-729-5433, Ext. 2013

Underwritten by: Starmount Life Insurance Company

Administered by: AlwaysCare Benefits, Inc.

(a Starmount Life Insurance company), The Starmount Building, 8485 Goodwood Boulevard

Baton Rouge, LA 70806; PH: 1-888-729-5433, Ext. 2013

Policy Forms: Vision – VI-2002 and VI-2007

National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America

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