



Employer Paid Group Benefits Vision Proposal

Prepared for

Proposal Effective Date:

Presented by your Dearborn National Sales Representative:

Name:

Phone:

Email:

Visit us at www.dearbornnational.com

PLAN 12/12/12 \$150 P MS 300B

Vision benefits made easy

Vision benefits should enhance your life, not complicate it. That's why Dearborn National Vision Care is working with EyeMed to bring you vision benefits that deliver more.

Freedom of choice

Our vision benefit packages give employees the freedom to choose at any in-network provider.

- NO limiting frame towers
- NO unnecessary restrictions
- NO confusing formularies
- ANY frame
- ANY Lens
- ANY Contacts

Network

With the right combination of retail and independent doctors members will have access to providers with weekend and evening hours. Plus members can access their benefits, view their claims and request ID Cards from www.DearbornNational.com/Vision. Also benefits can be applied online at Glasses.com – providing access to a huge selection of frames and lenses with 3-D virtual try on technology. Members can shop right from their homes.

INDEPENDENT
PROVIDER
NETWORK



 LENS CRAFTERS

PEARLE
VISION

sears
OPTICAL

 OPTICAL

 optical



We Are Dearborn National

Dearborn National® Life Insurance Company offers a broad selection of insurance and financial products that cover many markets—Voluntary and Employer Paid Group Benefits and a wide array of Enhanced Product Services. We serve some of the largest companies and most recognized names in the United States.

A Strong Parent Company

Our parent company, Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, is the largest non-investor owned health care insurance provider in the United States and the fourth largest overall. HCSC offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries.

Strong Ratings

The ratings of the Dearborn National companies speak to our commitment to managing our business well and remaining financially strong. Benefit programs in this proposal are underwritten by Dearborn National® Life Insurance Company.

Dearborn National Life Insurance Company is rated A (Excellent) by A.M. Best Company and A by Standard and Poor's for financial strength in their most recent reports.

Group Vision Insurance Benefit Summary

Eligibility:

Dependent Definition:

Vision Plan: 12/12/12 \$150 P

| Vision Care Service | Member Cost In-Network | Out of Network Reimbursement |
|---|---|------------------------------|
| Exam with Dilation as Necessary | \$10 Copay | Up to \$30 |
| Frequency: | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frame | Once every 12 months | |
| Exam Options: | | |
| Standard Contact Lens Fit and Follow Up: | Up to \$40 for Standard; 10% off retail price for Premium | N/A |
| Frames: | | |
| Any available frame at provider location | \$0 Copay; \$150 Allowance, 20% off balance over \$150 | Up to \$75 |
| Standard Plastic Lenses | | |
| Single Vision | \$10 Copay | Up to \$25 |
| Bifocal | \$10 Copay | Up to \$40 |
| Trifocal | \$10 Copay | Up to \$55 |
| Lenticular | \$10 Copay | Up to \$55 |
| Standard Progressive Lens | \$10 Copay | Up to \$55 |
| Premium Progressive Lens | See table on page 2 | Up to \$55 |
| Lens Options | | |
| UV treatment | \$15 | N/A |
| Tint (solid and gradient) | \$15 | N/A |
| Standard Plastic Scratch Coating | \$0 | Up to \$5 |
| Standard Polycarbonate – Adults | \$40 | N/A |
| Standard Polycarbonate – Kids under 19 | \$0 | Up to \$5 |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Polarized | 20% off retail price | N/A |
| Photocromatic/Transitions Plastic | \$75 | N/A |
| Premium Anti-reflective | See Below Table | N/A |
| Contact Lenses (Contact lens allowance includes materials only) | | |
| Conventional | \$0 Copay; \$150 allowance, 15% off balance over \$150 | Up to \$120 |
| Disposable | \$0 Copay; \$150 allowance, plus balance over \$150 | Up to \$120 |
| Medically Necessary | \$0 Copay, Paid in full | Up to \$210 |
| Laser Vision Correction | | |
| Lasik or PRK from U.S. Laser Network | 15% off Retail Price or 5% off Promotional Price | N/A |
| Additional Pairs Benefit: | Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used. | N/A |

Group Vision Insurance Benefit Summary *continued*

| Progressive Price List* | Member Cost In-Network |
|---|--|
| Standard Progressive | \$10 Copay |
| Premium Progressives as Follows: | |
| Tier 1 | \$30 Copay |
| Tier 2 | \$40 Copay |
| Tier 3 | \$55 Copay |
| Tier 4 | \$10 Copay, 80% of charge less \$120 Allowance |
| Anti-Reflective Coating Price List* | Member Cost In-Network |
| Standard Anti-Reflective Coating | \$45 |
| Premium Anti-Reflective Coatings as Follows: | |
| Tier 1 | \$57 |
| Tier 2 | \$68 |
| Tier 3 | 80% of charge |
| Other Add-ons Price List | Member cost In-Network |
| Photochromic (plastic) | \$75 |
| Polarized | 80% of charge |
| Dearborn National Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. | |
| *Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands | |
| For a current listing of brands by tier, go to: www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf | |

Group Vision Insurance Group Rate

Proposed Effective Date*:

| | Monthly Cost |
|-------------------------|---------------------|
| Employee Only | \$8.09 |
| Employee and Spouse | \$15.36 |
| Employee and Child(ren) | \$16.17 |
| Family | \$23.78 |

Rate Guarantee Period: 48 months

**Quote valid for two months following the proposed effective date*

IMPORTANT NOTES:

This proposal is subject to exclusions and limitations in the policy issued by us. In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the in force carrier's policy.

Membership must be submitted 30 days prior to effective date.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: Changes in benefits, employee contributions, the number of eligible employees, or the imposition on any new taxes, fees or assessments by Federal or State regulatory agencies.

Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider location to determine which participating providers have agreed to the discounted rate.

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes or supporting structures;
3. Any eye or Vision Examination, or any] corrective eyewear required by a Policyholder as a condition of employment ; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. Plano (non-prescription) lenses and/or contact lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals;
8. Services or materials provided by any other group benefit plan providing vision care;
9. Certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;
10. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
11. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Enrollment Maintenance:

All initial enrollees as of the effective date are eligible to enroll.

On a standard basis, benefits for new hires are subject to a 30 day waiting period (This will be confirmed at time of sale).

Billing: Premium is due the 1st day of each month. The grace period is 31 days.

Printing Costs: The quote assumes the cost of printing standard Certificates, standard Claim Forms and standard Enrollment Kits and Identification Cards.

Underwriting Considerations for Group Vision

Assumes 75% employee enrollment.

Assumes employer is paying 80% or more of the premium.

Employees must be legally working in the United States in order to be eligible for coverage. The Dearborn National insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees that are residents of Canada we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.

This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.