

SERFF Tracking Number: ACEH-125935583 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 41077
Company Tracking Number: GRP VISION
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision Insurance
Project Name/Number: Group Vision Insurance/Group Vision Insurance

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Group Vision Insurance SERFF Tr Num: ACEH-125935583 State: ArkansasLH
TOI: H20G Group Health - Vision SERFF Status: Closed State Tr Num: 41077
Sub-TOI: H20G.000 Health - Vision Co Tr Num: GRP VISION State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Karen Moore, Ilona Slofer Disposition Date: 12/15/2008
Date Submitted: 12/10/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Vision Insurance
Project Number: Group Vision Insurance
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing is pending in domicile state of Illinois.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Market Type: Group
Group Market Size: Large
Group Market Type: Employer, Association, Discretionary

Filing Status Changed: 12/15/2008
State Status Changed: 12/15/2008
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: Combined Insurance Company of America

FEIN #: 36-213626 / NAIC #: 626-62146

Group Vision Insurance Policy – VN P63007 1108

Group Vision Insurance Certificate of Insurance – VN C63007 1108-AR

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provider of benefits in your state.

We appreciate the time spent on this filing and trust that you will find everything in order. If you have any questions or require additional information, please do not hesitate to e-mail at karen.moore@ace-ina.com or call me at 215.640.5134.

Regards,

Karen N. Moore
 Compliance Manager

Company and Contact

Filing Contact Information

Karen Moore, Compliance Manager karen.moore@ace-ina.com
 436 Walnut Street (215) 640-5134 [Phone]
 Philadelphia, PA 19106 (215) 640-5548[FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Submission of forms = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	12/10/2008	24451543

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/15/2008	12/15/2008

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Disposition

Disposition Date: 12/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Readability	Approved-Closed	Yes
Supporting Document	Description of Variability	Approved-Closed	Yes
Form	Group Vision Insurance Policy	Approved-Closed	Yes
Form	Group Vision Insurance Certificate of Insurance	Approved-Closed	Yes
Form	Group Vision Insurance Schedule of Benefits	Approved-Closed	Yes
Form	Administrative Amendment	Approved-Closed	Yes
Form	Application for Vision Care Benefits	Approved-Closed	Yes

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Form Schedule

Lead Form Number: VN P63007 1108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	VN P63007 1108	Policy/Cont ract/Fratern al Certificate	Group Vision Insurance Policy	Initial		50	CICA Std Policy VN P63007 1108.pdf
Approved-Closed	VN C63007 1108-AR	Certificate	Group Vision Insurance Certificate of Insurance	Initial		51	AR - CICA Std Certificate VN C63007 1108-AR.pdf
Approved-Closed	VN S63007 1108	Schedule Pages	Group Vision Insurance Schedule of Benefits	Initial		50	CICA Std Schedule VN S63007 1108.pdf
Approved-Closed	VN AMD63007 1208	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Administrative Amendment	Initial		50	CICA Administrative Amendment VN AMD63007 1208.pdf
Approved-Closed	VN MA63007 1108	Application/ Enrollment Form	Application for Vision Care Benefits	Initial		50	CICA Std Master Application VN MA63007 1108.pdf



Combined Insurance Company of America
5050 Broadway, Chicago, Illinois 60640
[Administrator's Office: {4000 Luxottica Place; Mason, OH 45040}]

GROUP VISION INSURANCE POLICY

POLICY NUMBER: {VC-###} }
POLICYHOLDER: {ABC Employer/ABC Association/ABC Company} }
STATE OF ISSUE: {Various} }
POLICY EFFECTIVE DATE: {Month Day, Year} }
[POLICY ANNIVERSARY DATE: Month Day, Year, and each Month Day thereafter]

Combined Insurance Company of America agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

Signed for Combined Insurance Company of America.

Chairman and
Chief Executive Officer

Secretary

THIS IS A LIMITED BENEFIT POLICY
Please read the Policy carefully.

PREMIUMS

{The Premiums provision will vary dependent upon the payment conditions negotiated between the Policyholder and the Company.}

Premiums are payable {in advance/in arrears} by the Policyholder. [The first premium is due on the effective date of the Policy.][For new Insureds, the first premium is due in advance of the new Insured's effective date. Subsequent premiums are due on the {Variable: first/15th/30th} day of each {Variable: calendar/fiscal} month thereafter.] [The first and subsequent premiums are due on the {Variable: first/15th/30th} day of each {Variable: calendar/fiscal} month.]

The required premium due on each premium due date is the sum of the premiums for all Insureds [and their Dependents] covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

{1.} {if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective[, unless otherwise mutually agreed];}

{2.} {if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred[, unless otherwise mutually agreed];}

{3.} [if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred[, unless otherwise mutually agreed;]] [or]

{4.} {[if the number of eligible {Variable: employees/members/Insureds} increases or decreases by [more than] {Variable: Any percentage from: 10% - 25%} premium will be adjusted at the end of the calendar month in which the increase or decrease occurred[, unless otherwise mutually agreed].]}

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of {Variable: {one – six} months/the current month plus {one – six} months}.

Premium Rate Change. The Company has the right to change the premium rate {Variable: on any premium due date/on or after the {Variable: first-sixth} Policy Anniversary Date. The Company will provide written notice at least {Variable: Will never be less than that required by your state's law: 31-240} days before the date of change.

Grace Period. A grace period of {Variable: Will never be less than that required by your state's law: 31-90} days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the {Variable: Will never be less than that required by your state's law: 31-90}-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

[If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.] [If, on the date coverage is rescinded, claims have been paid under the Policy for Insured Persons, the Company reserves the right to deduct an amount equal to the amount of claims paid from the premiums attributed to the misrepresentation or fraud of those Insured Persons for whom claims were paid before the remaining premium is returned to the Policyholder.]

TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

- {1.} on {Variable: any premium due date/the first day of any month/any date} on or after the {Variable: first – sixth} Policy Anniversary Date. Written notice must be provided to the other party at least {Variable: Will never be less than that required by your state's law: 31-90} days prior to termination;
- {2.} [the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirements of {Variable: Will never be less than that required by your state's law: 2-100/shown in the Policyholder's application};]
- {3.} the date the required premium has not been paid, except as provided in the Grace Period provision[; or]
- [[{4.} the date 100% of the eligible {Variable: employees/members/Insureds} are not covered when a contribution is not required by the Variable: employee/member/Insured].]

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

CERTIFICATES

The Company will furnish a Certificate {Variable: for each Insured/for each Class} to the Policyholder which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



Combined Insurance Company of America
5050 Broadway, Chicago, Illinois 60640
[Administrator's Office: {4000 Luxottica Place; Mason, OH 45040}]

GROUP VISION INSURANCE CERTIFICATE

POLICY NUMBER: {VC-### }
POLICYHOLDER: {ABC Employer/ABC Association/ABC Company }
POLICY ANNIVERSARY DATE: {Month Day, Year, and each Month Day thereafter }

Combined Insurance Company of America represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. [An individual identification card will be issued to the Insured [containing the {Variable: name of the Policyholder,/policy number,/group name,/group number,/Insured's effective date, [and] /whether Dependents are covered}.] The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Combined Insurance Company of America at Chicago, Illinois on the Policy Effective Date.

Signed for Combined Insurance Company of America.

Chairman and
Chief Executive Officer

Secretary

THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

TABLE OF CONTENTS

{Variable: The order of provisions may vary.}

SCHEDULE OF BENEFITS	{1A}
DEFINITIONS.....	{3}
EFFECTIVE DATES.....	{6}
BENEFITS	{7}
LIMITATIONS.....	{8}
EXCLUSIONS.....	{8}
TERMINATION OF INSURANCE.....	{9}
CLAIMS	{9}
GENERAL PROVISIONS	{10}

DEFINITIONS

Please note certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Benefit Frequency means the period of time in which a benefit is payable.

The Benefit Frequency begins on the {*Variable*: plan year Effective Date/Policy Effective Date/later of the Insured Person's effective date or last date services were provided to the Insured Person/Month Day}. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

{This Definition will be included if a Co-payment applies to the Plan of Benefits.}

[Co-payment] means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for [a] covered {*Variable*: Vision Examination [and/or]/Vision Materials} per Benefit Frequency.]

{This Definition will be included if the Benefit is included in the Plan of Benefits.}

[Comprehensive Eye Examination] means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.]

{This Definition will be included if the Benefit text includes the term.}

[Computer Display] means a personal computer monitor, personal laptop or mainframe terminal. It does not include any handheld electronic devices.]

{This Definition will be included if the benefit text includes the term.}

[Computer Vision Syndrome (CVS)] means a condition resulting from focusing the eyes on a Computer Display for protracted, uninterrupted periods of time and is characterized by symptoms that include, but are not limited to, blurred vision, eyestrain, headaches, dry eyes and difficulty refocusing.]

{This Definition will be included if the Benefit is included in the Plan of Benefits.}

[Computer Vision Syndrome (CVS) Examination] means a refractive examination defined as a diagnostic evaluation beyond the Comprehensive Eye Examination and includes a history of functional tasks in the work environment that involves such components as position and distance of the Computer Display, position and distance of reference documents, lighting and glare sources. Preliminary tests may include assessment of specific occupational needs such as, near focus on a Gaussian target, specific near prescription for working distances for the Computer Display, reference documents and condition of the ocular surface.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

[Custom Wavefront Procedure or Wavefront-Guided LASIK Procedure] means a LASIK surgical procedure in which a 3-dimensional measurement of how the eye processes images is used to guide the laser in re-shaping the front part of the eye (cornea).]

{This Definition will be included if Dependents are eligible under the Plan of Benefits.}

[Dependent] means any of the following persons whose coverage under the Policy is in force and has not ended:

{1.} the Insured's lawful spouse [or Domestic Partner];

{2.} [each unmarried child from birth to age {*Variable*: Will never be less than that required by your state's law: 19-27} who is primarily dependent upon the Insured for support and maintenance;] or

{3.} [each unmarried child at least {*Variable*: Will never be less than that required by your state's law: 19-27} years of age to {*Variable*: Will never be less than that required by your state's law: 23-27} years of age who is primarily dependent upon the Insured for support and maintenance and who is a full-time student;] or

{4.} [each unmarried child at least {*Variable*: Will never be less than that required by your state's law: 19-27} years of age who is primarily dependent upon the Insured for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and is an Insured Person under the Policy on his or her {*Variable*: Will never be less than that required by your state's law: 19th - 27th} birthday; and who has been continuously so incapacitated since his or her {*Variable*: Will never be less than that required by your state's law: 19th - 27th} birthday}.

Child includes [Variable: stepchild/foster child/grandchild] legally adopted child, child legally placed in the Insured's home for adoption and child under the Insured's legal guardianship. [A full-time student is one who is enrolled {at least {Variable: {12} semester hours for credit in the case of an accredited junior college, college or university; and, in the case of a trade school, is enrolled in a course requiring attendance of {Variable: 15-20} or more hours weekly for six or more months/the minimum number of hours of class a week the school considers as full-time status}.]

{This Definition will be included if the policy covers Domestic Partners as Dependents.}

Domestic Partner means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. To qualify as a Domestic Partner or Dependent under the Policy, all of the following conditions must be met:

1. the Domestic Partner and the Insured are over the age of 18 and are mentally competent to enter into contracts;
2. the Domestic Partner and the Insured reside in the same household;
3. the Domestic Partner and the Insured have a committed relationship with each other [for no less than six months]; intend to continue the relationship indefinitely and have no such relationship with any other person;
4. the Domestic Partner and the Insured are not related by blood;
5. the Domestic Partner and the Insured are not married to any third party;
6. [the Domestic Partner and the Insured are of the {same sex[or]/opposite sex}]; [and]
7. [the Domestic Partner and the Insured are not claiming Dependent status for the primary purpose of gaining insurance coverage under the Policy.]

The term "spouse", wherever used, will include a Domestic Partner.]

{This Definition will be included if a First Service Co-payment applies to the Plan of Benefits.}

First Service Co-payment means the designated amount, if any, shown in the Schedule of Benefits an Insured Person must pay to a Provider before benefits are payable.]

{This Definition will be included if a Formulary is included in the Plan of Benefits.}

Formulary means a list, provided by the Company, of {Vision Materials/Contact Lenses} {covered under the Policy/that are preferred for use}.]

{This Definition will be included if the service is included in the Plan of Benefits.}

Fundus Photography Examination means the recording of a portion(s) or complete retina surface and structures.]

{This Definition may be included if the Plan of Benefits includes a High In-Network benefit option.}

{High} In-Network Provider means a predetermined group of In-Network Providers who has signed a Preferred Provider Agreement with the PPO.]

Insured means {Variable: an employee/a member} of the Policyholder [Variable: If applicable: who meets the eligibility requirements as shown in the Policyholder's application, and] whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. [Variable: If applicable: Insured Person will also include the Insured's Dependents, {if shown on the Insured's identification card/if enrolled}].]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

IntraLase Initiated LASIK means a LASIK surgical procedure in which a special laser is used instead of a blade to create the stromal flap.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

In-Network Provider means a Provider who has signed a Preferred Provider Agreement with the PPO.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

LASEK (Laser Assisted Epithelium Keratomileusis) means a surgical procedure that utilizes a trephine to create an epithelial flap and an alcohol solution to preserve the epithelial cells. Once the epithelial flap is created and lifted, the treatment proceeds as for traditional PRK, with light smoothing at its conclusion. The epithelial flap is then repositioned with a small spatula.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

Laser Vision Correction Procedures means surgical procedures which permanently alter the focusing power of the eye(s) in order to change refractive errors.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

[LASIK (Laser Assisted In-Situ Keratomileusis) means a surgical procedure involving the use of a computer-controlled excimer laser to reshape the cornea (epithelium) without invading the adjacent cell layers. An automated microkeratome is used to create a stromal flap of the cornea that is lifted, and the exposed surface is reshaped using the laser. After altering the cornea curvature, the stromal flap is replaced and is adhered without stitches.]

{This Definition will be included if the Plan of Benefits utilizes the term.}

[Low Vision means a severe visual problem that is not correctable with standard lenses and:

1. when the best-corrected acuity is 20/200 or less in the better eye with best conventional spectacle or contact lens prescription; or
2. when there can be a demonstrated constriction of the peripheral fields in the better eye to 10 degrees or less from the fixation point or the widest diameter subtends an angle less than 20 degrees in the better eye.]

{This Definition will be included if the Plan of Benefits utilizes the term.}

[Low Vision Aids are classified as follows:

1. *Spectacle-mounted magnifiers* - A magnifying lens is mounted in spectacles (this type of system is called a microscope) or on a special headband. This allows use of both hands to complete the close-up task, such as reading;
2. *Handheld or spectacle-mounted telescopes* - These miniature telescopes are useful for seeing longer distances, such as across the room to watch television, and can also be modified for near (reading) tasks;
3. *Hand-held and stand magnifiers* - These can serve as supplements to other specialized systems, and are convenient for short-term reading of such things as price tags, labels and instrument dials. Both types can be equipped with lights; or
4. *Video magnification* - Table-top (closed-circuit television) or head-mounted systems enlarge reading material on a video display. Some systems can be used for distance viewing tasks. These are portable systems and can be used with a computer or Computer Display. Image brightness, image size, contrast, foreground/background color and illumination can be customized.]

{This Definition will be included if the Plan of Benefits utilizes the term.}

[Low Vision Supplemental Testing means diagnostic evaluation beyond the Comprehensive Eye Examination, and includes a history of functional difficulties that involves such things as reading, activities in the kitchen, glare problems, travel vision, the workplace, television viewing, school requirements, hobbies and interests. Preliminary tests may include assessment of ocular functions such as color vision and contrast sensitivity. Measurements will be taken of the Insured Person's visual acuity using special low vision test charts, which include a larger range of letters or numbers to more accurately determine a starting point for assessing the level of impairment. Visual fields may also be evaluated. A specialized refraction must be performed with each eye thoroughly examined. The eye care professional may prescribe various treatment options, including Low Vision Aids, as well as assist the Insured Person with identifying other resources for vision and lifestyle rehabilitation.]

{This Definition will be included if the Plan of Benefits utilizes the term.}

[Medically Necessary Contact Lenses means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

[Out-of-Area Provider means a Provider that is utilized by the Insured Person when there is no In-Network Provider within {Variable: 5-75} miles of the Insured Person's residence.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

[Out-of-Network Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

[Physician means an Ophthalmologist or Optometrist licensed under applicable state law to perform the surgical procedures for which Laser Vision Correction Procedures benefits are payable, and who is acting within the lawful scope of his or her license to render such service. A Physician cannot be the Covered Person or a member of the Covered Person's immediate family. "Immediate family" means the Covered Person or the Covered Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing with the Covered Person.]

Policy means the Policy issued to the Policyholder. [The Policy number is shown on the Insured's identification card.]

Policyholder means the {Variable: Employer/Association/Organization/Company} named as the Policyholder in the face page of the Policy [and in the Insured's identification card.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

PPO Service Area means the geographical area where the PPO is located.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

Preferred Provider Agreement means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.]

{This Definition will be included if the Plan of Benefits is offered through a Provider Network.}

Preferred Provider Organization ("PPO") means a network of Providers [Variable: If applicable: and retail chain stores] within the PPO Service Area that has signed a Preferred Provider Agreement.]

{This Definition will be included if the Plan of Benefits includes Laser Vision Correction Procedures.}

PRK (Photorefractive Keratectomy) means a surgical procedure involving removal of the surface layer of the cornea by gentle scraping and use of a computer-controlled excimer laser to reshape the stroma.]

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

{This Definition will be included if service is included in the Plan of Benefits.}

Vision Examination means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.]

{This Definition will be included if materials are included in the Plan of Benefits.}

Vision Materials means those materials shown in the Schedule of Benefits.]

EFFECTIVE DATES

Effective Date of Insured's Insurance. The Insured's insurance will be effective {Variable: on the first day of the month following the end of a month in which deductions occurred/as defined[, in writing,] by the Policyholder[.] /as follows:

1. if the Policyholder does not require the Insured to contribute towards the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible, provided:
 - a. the Insured has given the Company the Insured's enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
 - b. the Insured has agreed{, in writing,} to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured's coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured's effective date.)

{This provision will be included if Dependents are covered.}

Effective Date of Dependents' Insurance. Coverage for Dependents becomes effective {Variable: as defined [, in writing,] by the Policyholder[.] /on the later of:

1. the date Dependent coverage is first included in the Insured's coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured's Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.)

[If the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.]]

Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for {Variable: Will never be less than that required by your state's law: 90} days [or greater[, if elected] [in writing], by the Policyholder]. In order to continue coverage beyond this period, a notice of birth together with the premium must be submitted to Us. This must be done within {Variable: Will never be less than that required by your state's law: 90} days after the date of birth to continue coverage beyond the first {Variable: Will never be less than that required by your state's law: 90}-day period.

Adopted Children. If a Dependent child is placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of placement for *{Variable: Will never be less than that required by your state's law: 90}* days [or greater[, if elected [in writing], by the Policyholder]. In order to continue coverage beyond this period, a notice of placement for adoption together with the premium must be submitted to us. This must be done within *{Variable: Will never be less than that required by your state's law: 90}* days after the date of such placement to continue coverage beyond the *{Variable: Will never be less than that required by your state's law: 90}*-day period.

Any minor child under the Insured's charge, care and control when a petition for adoption has been filed, will be covered from the date the petition is filed, if coverage is applied for within *{Variable: Will never be less than that required by your state's law: 60}* days of such filing. Coverage for an adopted newborn child is from the moment of birth if applied for within *{Variable: Will never be less than that required by your state's law: 60}* days after birth. Coverage ceases upon the dismissal or denial of a petition for adoption.

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

{Any one or more of the following benefits may be included.}

[Comprehensive Eye Examination. An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.]

[CVS Examination. An {Insured/Insured Person} is eligible for one CVS Examination as shown in the Schedule of Benefits. [This benefit is in addition to any other Vision Examination benefit provided under the Policy.]

[CVS Vision Materials. If the CVS Examination covered by the Policy results in an {Insured/Insured Person} needing corrective Vision Materials related to computer use for the {Insured's/Insured Person's} visual health and welfare, those Vision Materials prescribed by Providers will be supplied, as shown in the Schedule of Benefits. [This benefit will be paid in addition to any other Vision Materials benefits provided under the Policy.] Benefits are payable, as shown below, per Benefit Frequency.

- Lenses provided {one time/two times} in each Benefit Frequency.
- Frame(s) provided {one time/two times} in each Benefit Frequency.]

[In-Network Provider [or {High} In-Network Provider] Benefits. The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.]

[Laser Vision Correction Procedures. An Insured Person is eligible for coverage for Laser Vision Correction Procedures if performed by a Physician on an Insured Person while covered under the Policy. The Company will pay a one-time surgical indemnity benefit per Insured Person. Benefits are payable as shown in the Schedule of Benefits. Coverage is provided for the following Laser Vision Correction Procedures to one or both eyes for the treatment of myopia, hyperopia and astigmatism:

1. LASIK (including Custom Wavefront, Wavefront-Guided or IntraLase initiated LASIK);
2. LASEK; or
3. PRK.

Laser Vision Correction Procedures benefits are not payable for any of the following:

1. Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or
2. Medical or surgical procedures, services or treatments:
 - a. not specifically covered under this Benefit;
 - b. provided free of charge in the absence of insurance;
 - c. payable under any Workers' Compensation law, or similar statutory authority; or
 - d. payable under any governmental plan or program whether Federal, state or subdivisions thereof.]

[Low Vision. An Insured Person is eligible for Low Vision Supplemental Testing and Low Vision Aids if the Insured Person has severe visual problems that are not correctable with standard lenses. Benefits are payable as shown in the Schedule of Benefits. [Low Vision Aids are limited to once per lifetime per Insured Person.]

[No Disruption. The Insured Person has the option to use the Insured Person's previous Provider, if not currently a [High or] In-Network Provider. The Insured Person must pay the full cost at the time the covered service is provided and file a claim with the Company. The Insured Person must pay any [High or] In-Network Co-payment, if any, or any cost above the [High or] In-Network allowance shown in the Schedule of Benefits. After {Variable: 12-60} months from the Policy Effective Date, the [High or] In-Network Provider benefits will only apply if the Insured Person seeks care from a [High or] In-Network Provider that participates in the PPO.]

[Out-of-Area. An Insured Person who does not have access to an In-Network Provider within {Variable: 5-75} miles of the Insured Person's residence may receive services from an Out-of-Area Provider. The Insured Person must pay the full cost at the time the covered service is provided and file a claim with the Company. The Insured Person must pay any [High or] In-Network Co-payment, if any, or any cost above the [High or] In-Network allowance shown in the Schedule of Benefits.]

[Out-of-Network] Provider Benefits. The Insured Person must pay the [Out-of-Network] Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the [Out-of-Network] Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

[Vision Materials. If {Variable: a Vision Examination covered by the Policy/a Vision Examination} results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- Lenses provided {one time/two times} in each Benefit Frequency.
- Frame(s) provided {one time/two times} in each Benefit Frequency.
- Contact Lenses provided {one time/two times} in each Benefit Frequency [in lieu of lenses] [and/or frame(s)] [and/or glasses allowance]. Contact Lenses Fit and Follow-Up benefits apply only for covered Contact Lenses.]

LIMITATIONS

[Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.]

[Benefits are not covered for {Variable: If a waiting period applies: 30 – 180} days from the Insured Person's effective date.]

[Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.] [For Contact Lenses, any remaining balance may be used within the same Benefit Frequency.] [Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.]

EXCLUSIONS

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

{Exclusions are variable and may be included/excluded at the option of the Policyholder and dependent upon the Plan of benefits offered.}

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 {Vision Examination/Vision Materials};]
4. [[any Vision Examination, or any] corrective eyewear required by a Policyholder as a condition of employment[; safety eyewear];]
5. [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;]
6. [Plano (non-prescription) lenses [and/or contact lenses;]]
7. [[non-prescription] sunglasses;]
8. [two pair of glasses in lieu of bifocals;]
9. [services or materials provided by any other group benefit plan providing vision care;]
10. [certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;]
11. [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;] [and;]
12. [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.]

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
- {3.} [[the date the Insured is no longer eligible for insurance;] [or]
- {4.} [the date the Insured's employment with the Policyholder ends/the last day of the month in which the Insured's employment with the Policyholder ends/the date the Insured's affiliation/membership with the Policyholder ends/the last day of the month in which the Insured's affiliation/membership with the Policyholder ends]. [The Policyholder may, at the Policyholder's option, continue insurance for individuals whose {Variable: employment/membership/affiliation} has ended, if the Policyholder:
 - a. does so without individual selection between Insureds; and
 - b. continues to pay any premium contribution for those individuals.]

{The following provision will be included if Dependents are covered under the Policy.}

[For Dependents. A Dependent's insurance will cease [on the earlier of]:

1. on the date the Insured's coverage ends[./;]
- {2.} [{Variable: the end of the month/the date} in which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application;[.or]]
- {3.} [the end of the last period for which any required premium contribution has been made.]

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. {Variable: 60-90} days following the date the Company requests proof and such proof is not provided to the Company.]

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within {Variable: 30-90} days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately[, but not more than 30 days, upon receipt of due written proof of loss].

[**Assignment.** Benefits under the Policy may not be assigned.]

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of *{Variable: Will never be less than that required by your state's law: three to six}* years after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person resides, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform to the laws of that state.

Entire Contract. The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

SCHEDULE OF BENEFITS

Policyholder: { ABC Employer/Association/Organization/Company }

An Insured Persons has the right to obtain vision care from the Provider of his or her choice. [However, payment of benefits varies depending on the type of Provider chosen.] Benefits are payable as shown in the following Schedule of Benefits:

{ A “High In-Network” benefit option may be included if requested by the Policyholder. Higher benefit allowances and/or lower copayments may be provided if a High In-Network benefit option is included in the Plan of Benefits. }

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[First Service Co-payment	#{ Variable: Any amount from: \$0 - \$100}	#{ Variable: Any amount from: \$0 - \$100}	#{ Variable: Any amount from: None - \$25}	Insured: { Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24} months] [Dependent Children: { Variable: Any time period from: 12-24} months] [Under { Variable: Any age from: 18-27} years of age]]
[VISION EXAMINATION*				
[Comprehensive Eye Examination	#{ Variable: Any amount from: \$0-\$100} Co-payment	#{ Variable: Any amount from: \$0-\$100} Co-payment	up to #{ Variable: Any amount from: \$0-\$49}	Insured: { Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24} months] [Dependent Children: { Variable: Any time period from: 12-24} months] [Under { Variable: Any age from: 18-27} years of age]]
[Fundus Photography Examination	#{ Variable: Any amount from: \$0-\$100} Co-payment	#{ Variable: Any amount from: \$0-\$100} Co-payment	up to #{ Variable: Any amount from: \$0-\$49}	Insured: { Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24} months] [Dependent Children: { Variable: Any time period from: 12-24} months] [Under { Variable: Any age from: 18-27} years of age]]

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[and/or]				
[Contact Lenses Fit And Follow-Up]				Insured: { Variable: Any time period from: 12-24 } months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24 } months] [Dependent Children: { Variable: Any time period from: 12-24 } months] [Under { Variable: Any age from: 18-27 } years of age]]
Standard	#{ Variable: Any amount from: \$0-\$100 } Co-payment	#{ Variable: Any amount from: \$0-\$100 } Co-payment	up to #{ Variable: Any amount from: \$0-\$49 }	
[Premium]	[#{ Variable: Any amount from: \$0-\$100 } Co-payment AND/OR [up to: #{ Variable: Any amount from: \$0-\$70 } allowance]	[#{ Variable: Any amount from: \$0-\$100 } Co-payment AND/OR [up to: #{ Variable: Any amount from: \$0-\$70 } allowance]	up to #{ variable: Any amount from: \$0-\$70]]	
[Computer Vision Syndrome (CVS) Examination]	#{ Variable: Any amount from: \$0-\$100 } Co-payment	#{ Variable: Any amount from: \$0-\$100 } Co-payment	up to #{ Variable: Any amount from: \$0-\$49 }	Insured: { Variable: Any time period from: 12-24 } months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24 } months] [Dependent Children: { Variable: Any time period from: 12-24 } months] [Under { Variable: Any age from: 18-27 } years of age]]
[Laser Vision Correction Procedures]	#{ Variable: Any Amount from \$0 - \$1,000 }			One-time benefit payable per Insured Person.]
[Low Vision Supplemental Testing]	#{ Variable: Any amount from: \$0-\$100 } Co-payment	#{ Variable: Any amount from: \$0-\$100 } Co-payment	up to #{ Variable: Any amount from: \$0-\$250 } allowance }	Insured: { Variable: Any time period from: 12-24 } months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24 } months] [Dependent Children: { Variable: Any time period from: 12-24 } months] [Under { Variable: Any age from: 18-27 } years of age]]
[Other Benefits that may be added by Rider]	#{ Variable: Any amount from: \$0-\$100 } Co-payment AND/OR [up to { Variable: Any amount from: \$0-\$70 } allowance]	#{ Variable: Any amount from: \$0-\$100 } Co-payment AND/OR [up to { Variable: Any amount from: \$0-\$70 } allowance]	up to #{ Variable: Any amount from: \$0-\$100 }	Insured: { Variable: Any time period from: 12-24 } months [Dependent [Spouse/Domestic Partner: { Variable: Any time period from: 12-24 } months] [Dependent Children: { Variable: Any time period from: 12-24 } months] [Under { Variable: Any age from: 18-27 } years of age]]

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[Other Exams (as developed)]	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$49}	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[VISION MATERIALS]				
[Vision Materials Combined Co-payment]	\${Variable: Any amount from: \$0-\$100}	\${Variable: Any amount from: \$0-\$100}	\${Variable: Any amount from: \$0-\$100}	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[Standard Plastic Lenses				Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[Single Vision	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$42}}	
[Bifocal	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$49}}	
[Trifocal	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Any amount from: \$0-\$74}}	
[Lenticular	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$74}}	
[Other Lenses (as developed)	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$74}}	
[Frames	[\$ {Variable: Any amount from: \$0-\$100} Co-payment] OR [up to \${Variable: Any amount from: \$0-\$300} {retail/wholesale} allowance]	[\$ {Variable: Any amount from: \$0-\$100} Co-payment] OR [up to \${Variable: Any amount from: \$0-\$300} {retail/wholesale} allowance]	up to \${Variable: Any amount from: \$0-\$240}	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[Standard]	[Paid in full from the Covered Frame Selection] [Subject to $\{Variable: Any amount from: \$0-\$100\}$ Co-payment]	[Paid in full from the Covered Frame Selection] [Subject to $\{Variable: Any amount from: \$0-\$100\}$ Co-payment]	up to $\{Variable: Any amount from: \$0-\$240\}$	
[Premium]	[Paid in full from the Covered Frame Selection] [Subject to $\{Variable: Any amount from: \$0-\$100\}$ Co-payment]	[Paid in full from the Covered Frame Selection] [Subject to $\{Variable: Any amount from: \$0-\$100\}$ Co-payment]	up to $\{Variable: Any amount from: \$0-\$240\}$	
[Contact Lenses (only one option available per Benefit Frequency)]				Insured: $\{Variable: Any time period from: 12-24\}$ months [Dependent [Spouse/Domestic Partner: $\{Variable: Any time period from: 12-24\}$ months] [Dependent Children: $\{Variable: Any time period from: 12-24\}$ months] [Under $\{Variable: Any age from: 18-27\}$ years of age]]
[Formulary Contact Lenses]	Paid as shown in the Formulary list	Paid as shown in the Formulary list	up to $\{Variable: Any amount from: \$0-\$300\}$	
[Conventional]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [up to $\{Variable: Any amount from: \$0-\$300\}$ allowance	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [up to $\{Variable: Any amount from: \$0-\$300\}$ allowance	up to $\{Variable: Any amount from: \$0-\$300\}$	
[Disposable]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [up to $\{Variable: Any amount from: \$0-\$300\}$ allowance	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [up to $\{Variable: Any amount from: \$0-\$300\}$ allowance	up to $\{Variable: Any amount from: \$0-\$300\}$	
[Medically Necessary]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [[up to $\{Variable: Any amount from: \$0-\$300\}$ allowance] OR [Paid in full]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [[up to $\{Variable: Any amount from: \$0-\$300\}$ allowance] OR [Paid in full]	up to $\{Variable: Any amount from: \$0-\$300\}$	
[Other Contact Lenses (as developed)]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [[up to $\{Variable: Any amount from: \$0-\$300\}$ allowance] OR [Paid in full]	$\{Variable: Any amount from: \$0-\$100\}$ Co-payment [[up to $\{Variable: Any amount from: \$0-\$300\}$ allowance] OR [Paid in full]	up to $\{Variable: Any amount from: \$0-\$300\}$	
[Lens Options]				Insured: $\{Variable: Any time period from: 12-24\}$ months [Dependent [Spouse/Domestic Partner: $\{Variable: Any time period from: 12-24\}$ months] [Dependent Children: $\{Variable: Any time period from: 12-24\}$ months] [Under $\{Variable: Any age from: 18-27\}$ years of age]]
[Standard Polycarbonate]	$\{Variable: Any amount from: \$0-\$100\}$ [Co-payment/allowance]	$\{Variable: Any amount from: \$0-\$100\}$ [Co-payment/allowance]	up to $\{Variable: Any amount from: \$0-\$50\}$	
[Standard Polycarbonate (For covered Dependent children under $\{Variable: Any age from: 18-27\}$ years of age.)]	$\{Variable: Any amount from: \$0-\$100\}$ [Co-payment/allowance]	$\{Variable: Any amount from: \$0-\$100\}$ [Co-payment/allowance]	up to $\{Variable: Any amount from: \$0-\$50\}$	

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[Premium Polycarbonate	\${Variable: Any amount from: \$0-\$100} [Co-payment/allowance]	\${Variable: Any amount from: \$0-\$100} [Co-payment/allowance]	up to \${Variable: Any amount from: \$0-\$50}}	
[UV Treatment	\${Variable: Any amount from: \$0-\$30} Co-payment	\${Variable: Any amount from: \$0-\$30} Co-payment	up to \${Variable: Any amount from: \$0-\$30}}	
[Tint {Variable: Solid/Gradient}	\${Variable: Any amount from: \$0-\$30} Co-payment	\${Variable: Any amount from: \$0-\$30} Co-payment	up to \${Variable: Any amount from: \$0-\$30}}	
[Standard Plastic Scratch Coating	\${Variable: Any amount from: \$0-\$30} Co-payment	\${Variable: Any amount from: \$0-\$30} Co-payment	up to \${Variable: Any amount from: \$0-\$30}}	
[Premium Plastic Scratch Coating	\${Variable: Any amount from: \$0-\$30} Co-payment	\${Variable: Any amount from: \$0-\$30} Co-payment	up to \${Variable: Any amount from: \$0-\$30}}	
[Standard Progressive Lenses (add on to Bifocal) "Brand Names"	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$200/allowance}	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$200/allowance}	up to \${Variable: Any amount from: \$0-\$150}}	
[Premium Progressive Lenses (add on to Bifocal) "Brand Names"	\${Variable: Any amount from: \$0-\$150} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	up to \${Variable: Any amount from: \$0-\$150}}	
[Other Premium Progressive Lenses (as developed)	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	up to \${Variable: Any amount from: \$0-\$150}}	
[Standard Anti-Reflective Coating "Brand Names"	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$100}}	
[Premium Anti-Reflective Coating "Brand Names"	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$100}}	
[Other available Premium Anti-Reflective Coating	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$68}}	
[Photochromic Lenses "Brand Names"	\${Variable: Any amount from: \$0-\$100} Co-payment	\${Variable: Any amount from: \$0-\$100} Co-payment	up to \${Variable: Any amount from: \$0-\$68}}	
[Other Lens Options (as developed)	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300/allowance}	up to \${Variable: Any amount from: \$0-\$100}}	
[Computer Vision Syndrome (CVS) Materials				
[Frames	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300} {wholesale/retail/allowance}	\${Variable: Any amount from: \$0-\$100} Co-payment [up to \${Variable: Any amount from: \$0-\$300} {wholesale/retail/allowance}	up to \${Variable: Any amount from: \$0-\$240}	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
[<i>Standard Plastic Lenses</i>]				Insured: { <i>Variable: Any time period from: 12-24</i> } months [Dependent [Spouse/Domestic Partner: { <i>Variable: Any time period from: 12-24</i> } months] [Dependent Children: { <i>Variable: Any time period from: 12-24</i> } months] [Under { <i>Variable: Any age from: 18-27</i> } years of age]]
[Single Vision]	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	up to #{ <i>Variable: Any amount from: \$0-\$42</i> }}	
[Bifocal]	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	up to #{ <i>Variable: Any amount from: \$0-\$49</i> }}	
[Computer Progressive]	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	#{ <i>Variable: Any amount from: \$0-\$100</i> } Co-payment	up to #{ <i>Variable: Any amount from: \$0-\$74</i> }}	

Benefit	[[High] In-Network] Benefit Amount	[In-Network] Benefit Amount	[Out-of-Network]Benefit Amount	Benefit Frequency
Low Vision Aids	`\${Variable: Any percentage from: 0%-50% } Co-payment [up to `\${Variable: Any amount from: \$0-\$5,000/[lifetime]/allowance}]`	`\${Variable: Any percentage from: 0%-50% } Co-payment [up to `\${Variable: Any amount from: \$0-\$5,000 } {[lifetime]/allowance}]`	`\${Variable: Any percentage from: 0%-50% } Co-payment [up to `\${Variable: Any amount from: \$0-\$5,000 } {[lifetime]/allowance}]`	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[Vision Exam/Vision Material Allowance]**	`\${Variable: Any amount from: \$0-\$500/allowance}]`	`\${Variable: Any amount from: \$0-\$500/allowance}]`	up to `\${variable: Any amount from: \$0-\$500}`	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[Glasses Allowance]**	`\${Variable: Any amount from: \$0-\$300/allowance}]`	`\${Variable: Any amount from: \$0-\$300/allowance}]`	up to `\${Variable: Any amount from: \$0-\$300}`	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]
[Contact Lenses Allowance]**	`\${Variable: Any amount from: \$0-\$300/allowance}]`	`\${Variable: Any amount from: \$0-\$300/allowance}]`	up to `\${Variable: Any amount from: \$0-\$300}`	Insured: {Variable: Any time period from: 12-24} months [Dependent [Spouse/Domestic Partner: {Variable: Any time period from: 12-24} months] [Dependent Children: {Variable: Any time period from: 12-24} months] [Under {Variable: Any age from: 18-27} years of age]]

[*Covered Dependent children are eligible for more than one exam [within 60 days of the initial exam] if prescription has changed by {Variable: 0.50 diopter sphere/cylinder >20 degrees axis/or visual acuity improvement by one line on standard chart}.]

[**Vision Examination[/Vision Materials] Allowance includes Examination/[{wholesale/retail} Frames/and/or Lenses/and/or any /Lens Options/Contact Lenses/fit and follow-up.] [Glasses Allowance includes Frames and/or Lenses/and/or any Lens Options.] [Contact Lenses Allowance includes {fit and follow-up/and Materials.}]



COMBINED
INSURANCE

Combined Insurance Company of America

5050 Broadway, Chicago, Illinois 60640

{Administrator's Office: 4000 Luxottica Place; Mason, OH 45040}

POLICY/CERTIFICATE AMENDMENT

The rider is attached to and made part of Policy No. {12345} issued by **Combined Insurance Company of America** to {ABC Company}.

Effective {**January 1, 2008**}, this Policy and Certificate as issued is amended as follows:

- {1. Changing the **Policy Number** to: **54321**
2. Changing the **Policyholder** to: **XYZ Company**}

Signed for **Combined Insurance Company of America**

Chairman and
Chief Executive Officer

Secretary



COMBINED INSURANCE COMPANY OF AMERICA

5050 Broadway, Chicago, Illinois 60640
{ADMINISTRATIVE OFFICE: 4000 LUXOTTICA PLACE, MASON, OHIO 45040}

Application for Vision Care Benefits

I. GROUP INFORMATION

Group Name: _____ Tax ID#: _____

DBA Name (if other than above): _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

{Correspondent}{Primary Contact}: _____ Title: _____ }

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

Type of Business: Proprietorship Corporation Other (Specify): _____

[Service Area: National (United States does not include Puerto Rico) State Specific (List) _____]

[If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the address above, please explain. _____]

[If your group is located in California, and you have Employees/Members outside the state of California, please indicate the other states: _____]

[All other states, if you have Employees/Members in the state of California, please indicate the total number of Employees/Members: _____]

Billing Contact Name: _____ Phone: () _____

Billing Address: _____ City: _____ State: _____ ZIP: _____]

[If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper signed by you:

- Name
- Address
- Billing Contact and Phone Number]

Will this plan replace any existing coverage? Yes No

If "Yes," indicate name and address of existing insurer:

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Effective date of existing coverage: _____

Termination date of existing coverage (if applicable): _____

If "Yes," are any Employees/Members on COBRA continuation? Yes No How many? _____

Number of Employees/Members who have not yet completed the probationary period: _____ }

[PARTICIPATION REQUIREMENT

The Group is required to maintain the minimum participation requirements of the Company as follows:

If part of the premium is derived from funds contributed by the insured Employees/Members, at least {0%-75%} of the eligible Employees/Members must elect to make the required contribution, and at least {2-100} Employees/Members must be covered on the Policy's Effective Date. The Policy may be terminated on the date the number of persons covered under the Policy does not meet the minimum participation requirements shown in the Policy.

[When a contribution is not required by the Employee/Member, 100% of the eligible Employees/Members must be covered at all times.]

[{V.} PROPOSED EFFECTIVE DATE: _____]

The Group hereby makes application to Combined Insurance Company of America for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums {monthly/in advance/in arrears}.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members [and their Dependents] may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. [It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.]

[I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile.] {Place Fraud Statement here.}

Dated at: _____ this _____ day of _____, 20 _____

Signed for the Group: **X** _____ Title: _____

[{VI.} {EMPLOYEE/MEMBER} ID CARDS

Group will be receiving ID cards: Yes No

{Plan Display/Company} Name, as you want it to appear on the ID card. [(Maximum of 30 characters, including punctuation, spacing and any code.)]

[Delivery of ID cards:

All ID cards mailed directly to Employee's/Member's home address. Other _____]

{FRAUD WARNING NOTICE

{For Groups of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{Arkansas}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Colorado}	{It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.}
{District of Columbia}	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
{Florida}	{Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.}
{Kentucky}	{Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.}
{Louisiana} {West Virginia}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Maine} {Tennessee} {Washington}	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Nebraska}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{New Jersey}	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
{New Mexico}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.}
{Pennsylvania}	{Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.}
{Virginia}	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

SERFF Tracking Number: ACEH-125935583 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 41077
Company Tracking Number: GRP VISION
TOI: H20G Group Health - Vision *Sub-TOI:* H20G.000 Health - Vision
Product Name: Group Vision Insurance
Project Name/Number: Group Vision Insurance/Group Vision Insurance

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125935583 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 41077
Company Tracking Number: GRP VISION
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Vision Insurance
Project Name/Number: Group Vision Insurance/Group Vision Insurance

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachment:
AR - Compliance Certification and Group Vision Insurance Readability Cert.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachment:
CICA Std Master Application VN MA63007 1108.pdf

Satisfied -Name: Readability **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachment:
Group Vision Insurance Readability Cert.pdf

Satisfied -Name: Description of Variability **Review Status:** Approved-Closed 12/15/2008
Comments:
Attachment:
Group Vision Explanation of Variable Language.pdf

Combined Insurance Company of America

1000 North Milwaukee Avenue
Glenview, Illinois 60025

ARKANSAS CERTIFICATION and READABILITY CERTIFICATION

SCHEDULE OF FORMS

I hereby certify that we are in compliance with the requirements of Rule and Regulation 19, Rule and Regulation 49, and the Consumer Information Notice requirements, and that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

December - 2008

RE: Group Vision Insurance Policy – VN P63007 1108, et al

Description	Form Number	Score
Group Vision Insurance Policy	VN P63007 1108	50.3
Group Vision Insurance Certificate of Insurance	VN C63007 1108	50.6
Group Vision Schedule of Benefits	VN S63007 1108	NA
Administrative Amendment	VN AMD63007 1208	NA
Application for Vision Care Benefits	VN MA63007 1108	NA



Person Responsible for this filing: Karen Moore, Compliance Manager
ACE USA Accident & Health Department
karen.moore@ace-ina.com
215.640.5134



COMBINED INSURANCE COMPANY OF AMERICA

5050 Broadway, Chicago, Illinois 60640
{ADMINISTRATIVE OFFICE: 4000 LUXOTTICA PLACE, MASON, OHIO 45040}

Application for Vision Care Benefits

I. GROUP INFORMATION

Group Name: _____ Tax ID#: _____

DBA Name (if other than above): _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

{Correspondent}{Primary Contact}: _____ Title: _____ }

Phone Number: () _____ Fax Number: () _____

E-mail Address: _____

Type of Business: Proprietorship Corporation Other (Specify): _____

{Service Area: National (United States does not include Puerto Rico) State Specific (List) _____ }

{If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the address above, please explain. _____ }

{If your group is located in California, and you have Employees/Members outside the state of California, please indicate the other states: _____ }

{All other states, if you have Employees/Members in the state of California, please indicate the total number of Employees/Members: _____ }

Billing Contact Name: _____ Phone: () _____

Billing Address: _____ City: _____ State: _____ ZIP: _____ }

{If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper signed by you:

- Name
- Address
- Billing Contact and Phone Number}

Will this plan replace any existing coverage? Yes No

If "Yes," indicate name and address of existing insurer:

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Effective date of existing coverage: _____

Termination date of existing coverage (if applicable): _____

If "Yes," are any Employees/Members on COBRA continuation? Yes No How many? _____

{PARTICIPATION REQUIREMENT

The Group is required to maintain the minimum participation requirements of the Company as follows:

If part of the premium is derived from funds contributed by the insured Employees/Members, at least {0%-75%} of the eligible Employees/Members must elect to make the required contribution, and at least {2-100} Employees/Members must be covered on the Policy's Effective Date. The Policy may be terminated on the date the number of persons covered under the Policy does not meet the minimum participation requirements shown in the Policy.

{When a contribution is not required by the Employee/Member, 100% of the eligible Employees/Members must be covered at all times.}}

{V.} PROPOSED EFFECTIVE DATE: _____

The Group hereby makes application to Combined Insurance Company of America for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums {monthly} {in advance}.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members {and their Dependents} may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. {It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.}

{I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile.} {Place Fraud Statement here.}

Dated at: _____ this _____ day of _____, 20_____

Signed for the Group: **X** _____ Title: _____

{{VI.} {EMPLOYEE/MEMBER} ID CARDS

Group will be receiving ID cards: Yes No

{Plan Display} {Company} Name, as you want it to appear on the ID card. {(Maximum of 30 characters, including punctuation, spacing and any code.)}

{Delivery of ID cards:

All ID cards mailed directly to Employee's/Member's home address.} Other _____}}

{FRAUD WARNING NOTICE

{For Groups of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{Arkansas}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Colorado}	{It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.}
{District of Columbia}	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
{Florida}	{Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.}
{Kentucky}	{Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.}
{Louisiana} {West Virginia}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Maine} {Tennessee} {Washington}	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Nebraska}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{New Jersey}	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
{New Mexico}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.}
{Pennsylvania}	{Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.}
{Virginia}	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

Combined Insurance Company of America

1000 North Milwaukee Avenue
Glenview, Illinois 60025

READABILITY CERTIFICATION

SCHEDULE OF FORMS

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

December - 2008

RE: Group Vision Insurance Policy – VN P63007 1108, et al

Description	Form Number	Score
Group Vision Insurance Policy	VN P63007 1108	50.3
Group Vision Insurance Certificate of Insurance	VN C63007 1108	50.6
Group Vision Schedule of Benefits	VN S63007 1108	NA
Administrative Amendment	VN AMD63007 1208	NA
Application for Vision Care Benefits	VN MA63007 1108	NA



Person Responsible for this filing: Karen Moore, Compliance Manager
ACE USA Accident & Health Department
karen.moore@ace-ina.com
215.640.5134

Combined Insurance Company of America

GROUP VISION INSURANCE POLICY

VN P63007 1108, et al

Description of Variable Language

Please note variable information is contained in soft brackets ({ }). Information which will be included or excluded is contained in hard brackets ([]). In no event will the information contained in these brackets be less favorable to an insured than the minimum standards set forth in your law.

We intend to market the Group Vision Insurance Policy to any group typically recognized for group health insurance. Therefore, the description of eligible class may vary based on the nature of the group and the classes covered. References to members of a group throughout the forms may vary accordingly, i.e., employee, student, member, etc.

I. Master Application - VN MA63007 1108

The Master Application contains variable material set forth in brackets. All bracketed material within this form is Illustrative material. Illustrative material consists of any entries such as names, dates, addresses, classes eligible, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which may be omitted or revised as applicable to a policyholder's plan.

The bracketed references will be appropriately modified to reflect grammatical form.

II. Policy - VN P63007 1108

The Policy contains variable material set forth in brackets. All bracketed material within the form is Illustrative material. Illustrative material consists of any entries such as names, dates, addresses, classes eligible, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which may be omitted or revised as applicable to a Policyholder's plan. Variations will occur based on the nature of the group, the classes covered, the benefits offered and the applicability of certain provision at either the case, class or benefit level.

Ranges (e.g., of days, amounts, percentages) are shown for illustrative material. Actual entries will always fall within the ranges.

Coverage will be offered on either a non-contributory, contributory or voluntary basis. As such, the text used will vary based on premium sources, method of enrollment and the plans available.

The filing contains a Policy/Certificate Amendment form (VN AMD63007 1208). All of the benefits and provisions that apply to a Policyholder will be included in the Policy and Certificate text when first issued. We will issue the amendment form if there are any changes in the plan of benefits or provisions after the initial effective date.

The bracketed references will be appropriately modified to reflect grammatical form.

III. Certificate - VN C63007 1108

The Certificate includes two types of variable material set forth in brackets. These types are:

A. Illustrative material; and

B. Specific variable material.

The form contains variable material set forth in brackets. All bracketed material within the form is illustrative material. Illustrative material consists of any entries such as names, dates, addresses, classes eligible, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which may be omitted or revised as applicable to a Policyholder's plan.

Ranges (e.g., of days, amounts, percentages) are shown for illustrative material and are indicated within brackets on the forms. Actual entries will always fall within the ranges.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted below. Specific variable material will be changed only as indicated in the explanations shown below. But illustrative material that appears within specific variable material may be varied as described above.

1. Each bracketed Definition may be included as shown, modified as indicated by brackets, or omitted as applicable to a Policyholder's plan.
2. Each bracketed Benefit may be included as shown, modified as indicated by brackets, or omitted as applicable to a Policyholder's plan.
3. Each bracketed Limitation or Exclusion may be included as shown, modified as indicated by brackets, or omitted in its entirety or in part as applicable to a Policyholder's plan.
4. A "High" In-Network benefit option may be included if requested by the Policyholder. Higher benefit allowances and/or lower co-payments may be provided if a High In-Network option is included in the plan of benefits.
5. Separate certificates may be issued for each of the classes eligible under the policy. In this case, any wording that does not relate to the rights or obligations of that class of insured may be omitted.
6. Any wording that solely relates to the rights and obligations of the Policyholder may be omitted.
7. "You", "Your", or "Yours" may be substituted for "Insured/Covered Person" and personal pronouns may be omitted.
8. Connective words and phrases that only serve the grammatical purpose of meaningful continuity and do not reflect the description of or the payment of benefits or other substantive terms or conditions of the policy affecting the insurance provided may vary. These variations will occur as required to ensure the readability of the forms where other variable material is changed. These wording changes will not be ambiguous or deceptive.
9. The order and grouping of provisions may be modified. References to information contained in the certificate schedule may be expressed in the text of the provision as it relates to a particular class of Insureds.
10. The print size, style, page size and layout may be modified to reflect various formats including 8.5 X 11 pages, booklet pages or brochure styles subject to the print and other requirements of your readability law.
11. Specific rates may be omitted or replaced with reference to rates currently in force.
12. The inclusion of certain provisions and their wording may vary to meet the specifications of the product requested by our customers or to clarify the administration of the policy or other items as requested by our customers.
13. Wording may be changed to comply with future changes in your laws or regulations impacting the policy, or with the laws of the states where certificates under the policy are delivered. For example, if a state requires disclosure that the policy is issued in another jurisdiction, or requires inclusion of certain mandated benefits or provisions for residents of their state covered under the policy.

IV. Schedule of Benefits - VN S63007 1108

We have illustrated the Schedule of Benefits. The Schedule contains variable material set forth in brackets. All bracketed material within the form is Illustrative material. Illustrative material consists of any entries such as names, dates, addresses, classes eligible, benefit amounts, benefit periods, ages, numbers, amounts, percentages or time periods which may be omitted or revised as applicable to a Policyholder's plan. We consider any benefits, amounts, deductibles, co-payments, benefit durations, dates or application of benefits to be completely variable unless your state law requires a limitation.

Ranges (e.g., of days, amounts, percentages) are shown for illustrative material. Actual entries will always fall within the ranges.

The Policy Schedule of Benefits will include specific information as it applies to all classes covered under the Policy, either on a case or class basis. The Certificate Schedule of Benefits may vary in that any information that relates to a specific class of Insureds may be included in the Certificate text if Certificates are offered on a class-distinct basis.

The bracketed references will be appropriately modified to reflect grammatical form.