

SERFF Tracking Number: FDLT-128287440 State: Arkansas  
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:  
Company Tracking Number: S-9083(04/12); S-9093(04/12)  
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
Product Name: Vision Schedule of Benefits  
Project Name/Number: Vision Schedule of Benefits/Vision Schedule of Benefits - S-9083(04/12); S-9093(04/12)

## Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Vision Schedule of Benefits SERFF Tr Num: FDLT-128287440 State: Arkansas  
TOI: H20G Group Health - Vision SERFF Status: Closed-Approved State Tr Num:  
Sub-TOI: H20G.000 Health - Vision Co Tr Num: S-9083(04/12); S-9093(04/12) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert  
Disposition Date: 04/24/2012  
Authors: Jennifer Glaser, Kelly Humiston, Teresa Saling, Danielle Menzel  
Date Submitted: 04/24/2012 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 04/24/2012

State Filing Description:

## General Information

Project Name: Vision Schedule of Benefits  
Project Number: Vision Schedule of Benefits - S-9083(04/12); S-9093(04/12)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer, Association, Other

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 04/20/2012

Overall Rate Impact:

Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Explanation for Other Group Market Type: Union

Deemer Date:

Submitted By: Jennifer Glaser

Filing Status Changed: 04/24/2012  
State Status Changed: 04/24/2012  
Created By: Danielle Menzel  
Corresponding Filing Tracking Number: FDLT-125710371; FDLT-125710396

Filing Description:

Fidelity Security Life Insurance Company  
NAIC #71870 FEIN #43-0949844  
Group Vision  
S-9083(04/12) – Employer Schedule of Benefits  
S-9093(04/12) – Association/Union Schedule of Benefits

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We respectfully submit the above forms for your review and approval.

The Schedule of Benefits form S-9083(04/12) replaces S-9083 previously approved in your state on July 2, 2008 under SERFF filing #FDLT-125710371. The Schedule of Benefits form S-9093(04/12) replaces S-9093 previously approved in your state on July 2, 2008 under SERFF filing #FDLT-125710396.

Attached is a redline version of each form showing the changes made.

Schedule of Benefits S-9083(04/12) will be used with Employer Group Vision forms M-9083/C-9083AR, previously approved in your state on July 2, 2008 under SERFF filing #FDLT-125710371.

Schedule of Benefits S-9093(04/12) will be used with Association/Union Group Vision forms M-9093/C-9093AR, previously approved in your state on July 2, 2008 under SERFF filing #FDLT-125710396.

The coverage will be sold either by one-on-one direct agent sales or direct mail.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variable will not be adjusted to be less favorable than your state allows.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1143) or e-mail me at [jglaser@fslins.com](mailto:jglaser@fslins.com).

State Narrative:

## Company and Contact

### Filing Contact Information

Jennifer Glaser, Sr. Contract Analyst      [jglaser@fslins.com](mailto:jglaser@fslins.com)  
3130 Broadway      800-648-8624 [Phone] 1143 [Ext]  
Kansas City, MO 64111-2406      816-751-6026 [FAX]

### Filing Company Information

Fidelity Security Life Insurance Company      CoCode: 71870      State of Domicile: Missouri  
3130 Broadway      Group Code: 451      Company Type: Life & Health  
Kansas City, MO 64111-2406      Group Name:      State ID Number:  
(800) 648-8624 ext. [Phone]      FEIN Number: 43-0949844

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SERFF Tracking Number: FDLT-128287440 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: \$50.00 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$100.00	04/24/2012	58509941

SERFF Tracking Number: FDLT-128287440 State: Arkansas  
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TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	04/24/2012	04/24/2012

*SERFF Tracking Number:* FDLT-128287440 *State:* Arkansas  
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## **Disposition**

Disposition Date: 04/24/2012

Implementation Date: 04/24/2012

Status: Approved

Comment: Thank you for the redline comparisons.

Rate data does NOT apply to filing.

SERFF Tracking Number: *FDLT-128287440* State: *Arkansas*  
 Filing Company: *Fidelity Security Life Insurance Company* State Tracking Number:  
 Company Tracking Number: *S-9083(04/12); S-9093(04/12)*  
 TOI: *H20G Group Health - Vision* Sub-TOI: *H20G.000 Health - Vision*  
 Product Name: *Vision Schedule of Benefits*  
 Project Name/Number: *Vision Schedule of Benefits/Vision Schedule of Benefits - S-9083(04/12); S-9093(04/12)*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Redlines of Changes	Approved	Yes
<b>Form</b>	Schedule of Benefits	Approved	Yes
<b>Form</b>	Schedule of Benefits	Approved	Yes

SERFF Tracking Number: FDLT-128287440 State: Arkansas  
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## Form Schedule

### Lead Form Number: S-9083(04/12)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 04/24/2012	S-9083(04/12)	Schedule Pages	Schedule of Benefits	Initial		50.000	S-9083(04-12).pdf
Approved 04/24/2012	S-9093(04/12)	Schedule Pages	Schedule of Benefits	Initial		50.000	S-9093(04-12).pdf



<b>Benefit</b>	<b><u>{{Elite} In-Network}</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Contact Lenses Fit And Follow-Up}</b> {(Dependent Children under age {18 -26} are not eligible for Contact Lenses Fit and Follow-Up)}				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
{Standard}	{{{\$0-\$100} Co-payment} {Insured and Dependent Spouse {\$0-\$100} Copayment} {Dependent Children {{{0-\$100} Copayment}}	{{{\$0-\$100} Co-payment} {Insured and Dependent Spouse {\$0-\$100} Copayment} {Dependent Children {{{0-\$100} Copayment}}	up to {\$0-\$49} {First 12 months following the Policy Effective Date up to {\$0-\$49} {12 months to {24-48} months following the Policy Effective Date {\$0-\$49}} {24 months to {36-48} months following the Policy Effective Date {\$0-\$49}} {36 months to 48 months following the Policy Effective Date {\$0-\$49}} {thereafter {\$0-\$49}}	
{Premium}	{{{\$0-\$100} Co-payment} {{up to} {\$0-\$70} allowance} {Insured and Dependent Spouse {{{0-\$100} Copayment} {{up to} {\$0-\$70} allowance}} {Dependent Children {{{0-\$100} Copayment} {{up to} {\$0-\$70} allowance}}	{{{\$0-\$100} Co-payment} {{up to} {\$0-\$70} allowance} {Insured and Dependent Spouse {{{0-\$100} Copayment} {{up to} {\$0-\$70} allowance}} {Dependent Children {{{0-\$100} Copayment} {{up to} {\$0-\$70} allowance}}	up to {\$0-\$70} {First 12 months following the Policy Effective Date up to {\$0-\$70} {12 months to {24-48} months following the Policy Effective Date {\$0-\$70}} {24 months to {36-48} months following the Policy Effective Date {\$0-\$70}} {36 months to 48 months following the Policy Effective Date {\$0-\$70}} {thereafter {\$0-\$70}}	

<b>Benefit</b>	<b><u>{{Elite} In-Network}</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Computer Vision Syndrome (CVS) Examination}</b> {(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to { \$0-\$49} {First 12 months following the Policy Effective Date up to { \$0-\$49} {12 months to {24-48} months following the Policy Effective Date { \$0-\$49}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$49}} {36 months to 48 months following the Policy Effective Date { \$0-\$49}} {thereafter { \$0-\$49}}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}
<b>{Low Vision Supplemental Testing}</b> {(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to {{ \$0-\$250} allowance} {First 12 months following the Policy Effective Date up to { \$0-\$250} {12 months to {24-48} months following the Policy Effective Date { \$0-\$250}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$250}} {36 months to 48 months following the Policy Effective Date { \$0-\$250}} {thereafter { \$0-\$250}}	{{Insured} {12-36} months} {Dependent {Spouse} {12-36} months} {Dependent Children {6-36} months} {under {18-27} years of age}

<b>Benefit</b>	<b><u>{Elite} In-Network</u></b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Other Benefits that may be added by Rider}</b> {(Dependent Children under age {18 -26} are not eligible for {Other Examination Benefits that may be added by Rider})}	{{ \$0-\$100} Co-payment {up to} {{ \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}	{{ \$0-\$100} Co-payment {up to} {{ \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}	up to {{ \$0-\$100} {First 12 months following the Policy Effective Date up to} {{ \$0-\$100} {12 months to} {24-48} months following the Policy Effective Date {{ \$0-\$100}} {24 months to} {36-48} months following the Policy Effective Date {{ \$0-\$100}} {36 months to} 48 months following the Policy Effective Date {{ \$0-\$100}} {thereafter} {{ \$0-\$100}}	{{ Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{Other Exams (as developed)}</b> {(Dependent Children under age {18 -26} are not eligible for {Other Exams (as developed)})}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to {{ \$0-\$49} {First 12 months following the Policy Effective Date up to} {{ \$0-\$49} {12 months to} {24-48} months following the Policy Effective Date {{ \$0-\$49}} {24 months to} {36-48} months following the Policy Effective Date {{ \$0-\$49}} {36 months to} 48 months following the Policy Effective Date {{ \$0-\$49}} {thereafter} {{ \$0-\$49}}	{{ Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{VISION MATERIALS}</b>				
{Vision Materials Combined Co-payment}	{{ \$0- \$100}}	{{ \$0- \$100}}	{{ \$0- \$100}}	{{ Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{Standard Plastic Lenses}</b>				{{ Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
{Single Vision}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$42}}	
{Bifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$49}}	
{Trifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$75}}	
{Lenticular}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$75}}	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Other Lenses (as developed)}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$75 }	
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } {retail} { wholesale } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } {retail} { wholesale } allowance}	up to { \$0-\$240 }	{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Standard}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
{Premium}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
<b>{Contact Lenses (only one option available per Benefit Frequency)}</b>				{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Formulary Contact Lenses}	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	up to { \$0-\$300 }	
{Conventional}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$300 }	
{Disposable}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance { up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance { up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater}	up to { \$0-\$300 }	
	* A { 6-12 }-month supply is a the quantity of disposable contact lenses required to last { 6-12 } months assuming the Insured Person is following the manufacturer's recommended wear schedule.			
{Medically Necessary}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance } { Paid in full }	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance } { Paid in full }	up to { \$0-\$300 }	
{Other Contact Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$300 }	
<b>{Lens Options}</b>				{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Standard Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Standard Polycarbonate (For covered Dependent children under { 18-27 } years of age.)}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Premium Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{UV Treatment}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Tint {Solid} or} {Gradient}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Benefit Frequency</b>
{Standard Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Premium Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	up to { \$0-\$150 }	
{Premium Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$150 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Other Premium Progressive Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Standard Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Premium Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Other available Premium Anti-Reflective Coating}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Photochromic Lenses} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Other Lens Options (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$100 }	
<b>{Computer Vision Syndrome (CVS) Materials}</b>				}
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail } allowance}	up to { \$0-\$240 }	{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }
<b>{Standard Plastic Lenses}</b>				{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }
{Single Vision}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Computer Progressive}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$75 }	
<b>{Low Vision Aids}</b>	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ 0%-50% } Co-payment } { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ Insured } {12-36 } months } { Dependent {Spouse} {12-36 } months } { Dependent Children {6-36 } months } {under {18-27 } years of age }
<i>{Vision Exam/Vision Material Allowance**}</i>	{ \$0-\$500 } allowance	{ \$0-\$500 } allowance	up to { \$0-\$500 }	{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }

<b>Benefit</b>	<b>{{Elite} In-Network}</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
<i>{Glasses Allowance**}</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<i>{Contact Lenses Allowance**}</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {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 0.50 diopter sphere/cylinder >20 degrees axis, or visual acuity improvement by one line on standard chart}.} {\*Covered Dependent children are eligible for more than one exam {and/or one lens,} {frames} {and} {lens options} {or} {contact lenses} if prescription has changed.}

{\*\*{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.}}



<b>Benefit</b>	<b><u>{{Elite} In-Network}</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Contact Lenses Fit And Follow-Up}</b> {(Dependent Children under age {18 -26} are not eligible for Contact Lenses Fit and Follow-Up)}				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
{Standard}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to { \$0-\$49} {First 12 months following the Policy Effective Date up to { \$0-\$49} {12 months to {24-48} months following the Policy Effective Date { \$0-\$49}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$49}} {36 months to 48 months following the Policy Effective Date { \$0-\$49}} {thereafter { \$0-\$49}}	
{Premium}	{{ \$0-\$100} Co-payment {{ up to } { \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{ up to } { \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{ up to } { \$0-\$70} allowance}}	{{ \$0-\$100} Co-payment {{ up to } { \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{ up to } { \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{ up to } { \$0-\$70} allowance}}	up to { \$0-\$70} {First 12 months following the Policy Effective Date up to { \$0-\$70} {12 months to {24-48} months following the Policy Effective Date { \$0-\$70}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$70}} {36 months to 48 months following the Policy Effective Date { \$0-\$70}} {thereafter { \$0-\$70}}	

<b>Benefit</b>	<b><u>{{Elite} In-Network}</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Computer Vision Syndrome (CVS) Examination}</b> {(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to { \$0-\$49} {First 12 months following the Policy Effective Date up to { \$0-\$49} {12 months to {24-48} months following the Policy Effective Date { \$0-\$49}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$49}} {36 months to 48 months following the Policy Effective Date { \$0-\$49}} {thereafter { \$0-\$49}}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{Low Vision Supplemental Testing}</b> {(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse { \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to {{ \$0-\$250} allowance} {First 12 months following the Policy Effective Date up to { \$0-\$250} {12 months to {24-48} months following the Policy Effective Date { \$0-\$250}} {24 months to {36-48} months following the Policy Effective Date { \$0-\$250}} {36 months to 48 months following the Policy Effective Date { \$0-\$250}} {thereafter { \$0-\$250}}	{{Insured} {12-36} months} {Dependent {Spouse} {12-36} months} {Dependent Children {6-36} months} {under {18-27} years of age}}

<b>Benefit</b>	<b><u>{Elite} In-Network</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Other Benefits that may be added by Rider}</b> {(Dependent Children under age {18 -26} are not eligible for {Other Examination Benefits that may be added by Rider})}	{{ \$0-\$100} Co-payment {up to} {{ \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}	{{ \$0-\$100} Co-payment {up to} {{ \$0-\$70} allowance} {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}} {Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}	up to {{ \$0-\$100} {First 12 months following the Policy Effective Date up to} {{ \$0-\$100} {12 months to} {24-48} months following the Policy Effective Date {{ \$0-\$100}} {24 months to} {36-48} months following the Policy Effective Date {{ \$0-\$100}} {36 months to 48 months following the Policy Effective Date {{ \$0-\$100}} {thereafter} {{ \$0-\$100}}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
{Other Exams (as developed) {(Dependent Children under age {18 -26} are not eligible for {Other Exams (as developed)})}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	{{ \$0-\$100} Co-payment {Insured and Dependent Spouse {{ \$0-\$100} Copayment} {Dependent Children {{ \$0-\$100} Copayment}	up to {{ \$0-\$49} {First 12 months following the Policy Effective Date up to} {{ \$0-\$49} {12 months to} {24-48} months following the Policy Effective Date {{ \$0-\$49}} {24 months to} {36-48} months following the Policy Effective Date {{ \$0-\$49}} {36 months to 48 months following the Policy Effective Date {{ \$0-\$49}} {thereafter} {{ \$0-\$49}}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{VISION MATERIALS}</b>				
{Vision Materials Combined Co-payment}	{{ \$0- \$100}}	{{ \$0- \$100}}	{{ \$0- \$100}}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
<b>{Standard Plastic Lenses}</b>				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {18-27} years of age}}
{Single Vision}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$42}}	
{Bifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$49}}	
{Trifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$75}}	
{Lenticular}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {{ \$0-\$75}}	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Other Lenses (as developed)}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- \$75 }	
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } {retail} { wholesale } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } {retail} { wholesale } allowance}	up to { \$0-\$240 }	{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Standard}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
{Premium}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
<b>{Contact Lenses (only one option available per Benefit Frequency)}</b>				{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Formulary Contact Lenses}	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	up to { \$0-\$300 }	
{Conventional}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$300 }	
{Disposable}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance { up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance { up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater}	up to { \$0-\$300 }	
{* A { 6-12 }-month supply is a the quantity of disposable contact lenses required to last { 6-12 } months assuming the Insured Person is following the manufacturer's recommended wear schedule.}				
{Medically Necessary}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance } { Paid in full }	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance } { Paid in full }	up to { \$0-\$300 }	
{Other Contact Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$300 }	
<b>{Lens Options}</b>				{{ Insured } { 12-24 } months} { Dependent {Spouse} { 12-24 } months} { Dependent Children { 6-24 } months } { under { 18-27 } years of age }
{Standard Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Standard Polycarbonate (For covered Dependent children under { 18-27 } years of age.)}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Premium Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{UV Treatment}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Tint {Solid} or } {Gradient}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Benefit Frequency</b>
{Standard Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Premium Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	up to { \$0-\$150 }	
{Premium Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$150 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Other Premium Progressive Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Standard Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Premium Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Other available Premium Anti-Reflective Coating}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Photochromic Lenses} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Other Lens Options (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$100 }	
<b>{Computer Vision Syndrome (CVS) Materials}</b>				}
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail } allowance}	up to { \$0-\$240 }	{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }
<b>{Standard Plastic Lenses}</b>				{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }
{Single Vision}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Computer Progressive}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$75 }	
<b>{Low Vision Aids}</b>	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ 0%-50% } Co-payment } { up to } { \$0-\$5,000 } {lifetime } allowance}	{{ Insured } {12-36 } months } { Dependent {Spouse} {12-36 } months } { Dependent Children {6-36 } months } {under {18-27 } years of age }
<i>{Vision Exam/Vision Material Allowance**}</i>	{ \$0-\$500 } allowance	{ \$0-\$500 } allowance	up to { \$0-\$500 }	{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }
<i>{Glasses Allowance**}</i>	{ \$0-\$300 } allowance	{ \$0-\$300 } allowance	up to { \$0-\$300 }	{{ Insured } {12-24 } months } { Dependent {Spouse} {12-24 } months } { Dependent Children {6-24 } months } {under {18-27 } years of age }

<b>Benefit</b>	<b>{{Elite} In-Network}</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
<i>{Contact Lenses Allowance**}</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {6-24} months} {under {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 0.50 diopter sphere/cylinder >20 degrees axis, or visual acuity improvement by one line on standard chart}.} {\*\*Covered Dependent children are eligible for more than one exam {and/or one lens,} {frames} {and} {lens options} {or} {contact lenses} if prescription has changed.}

{\*\*{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.}}

SERFF Tracking Number: FDLT-128287440 State: Arkansas  
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number:  
 Company Tracking Number: S-9083(04/12); S-9093(04/12)  
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
 Product Name: Vision Schedule of Benefits  
 Project Name/Number: Vision Schedule of Benefits/Vision Schedule of Benefits - S-9083(04/12); S-9093(04/12)

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved	04/24/2012
<b>Bypass Reason:</b>	Schedule Only. Not Applicable.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved	04/24/2012
<b>Bypass Reason:</b>	Schedule only. Not Applicable.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Redlines of Changes	Approved	04/24/2012
<b>Comments:</b>	See attached.		
<b>Attachments:</b>			
	S-9083(04-12)-Redline.pdf		
	S-9093(04-12)-Redline.pdf		



Benefit	<u>{{Elite} In-Network}</u>	<u>{In-Network}</u>	<u>{Out-of-Network}</u>	<u>Benefit Frequency</u>
{and} {or}				
<b>{Contact Lenses Fit And Follow-Up}</b> <u>{(Dependent Children under age {18 -26} are not eligible for Contact Lenses Fit and Follow-Up)}</u>				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}
{Standard}	{{\${0-\$100} Co-payment} <u>{Insured and Dependent Spouse \${0-\$100} Copayment}</u> <u>{Dependent Children {{\${0-\$100} Copayment}}</u>	{{\${0-\$100} Co-payment} <u>{Insured and Dependent Spouse \${0-\$100} Copayment}</u> <u>{Dependent Children {{\${0-\$100} Copayment}}</u>	up to {{\${0-\$49}} <u>{First 12 months following the Policy Effective Date up to {{\${0-\$49}}</u> <u>{12 months to {24-48} months following the Policy Effective Date {{\${0-\$49}}</u> <u>{24 months to {36-48} months following the Policy Effective Date {{\${0-\$49}}</u> <u>{36 months to 48 months following the Policy Effective Date {{\${0-\$49}}</u> <u>{thereafter {{\${0-\$49}}</u>	
{Premium}	{{\${0-\$100} Co-payment} {{up to} {{\${0-\$70} allowance} <u>{Insured and Dependent Spouse {{\${0-\$100} Copayment} {{up to} {{\${0-\$70} allowance}}</u> <u>{Dependent Children {{\${0-\$100} Copayment} {{up to} {{\${0-\$70} allowance}}</u>	{{\${0-\$100} Co-payment} {{up to} {{\${0-\$70} allowance} <u>{Insured and Dependent Spouse {{\${0-\$100} Copayment} {{up to} {{\${0-\$70} allowance}}</u> <u>{Dependent Children {{\${0-\$100} Copayment} {{up to} {{\${0-\$70} allowance}}</u>	up to {{\${0-\$70}} <u>{First 12 months following the Policy Effective Date up to {{\${0-\$70}}</u> <u>{12 months to {24-48} months following the Policy Effective Date {{\${0-\$70}}</u> <u>{24 months to {36-48} months following the Policy Effective Date {{\${0-\$70}}</u> <u>{36 months to 48 months following the Policy Effective Date {{\${0-\$70}}</u> <u>{thereafter {{\${0-\$70}}</u>	

Benefit	<u>{Elite} In-Network</u>	<u>{In-Network}</u>	<u>{Out-of-Network}</u>	<u>Benefit Frequency</u>
<b>{Computer Vision Syndrome (CVS) Examination</b> <u>{(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>up to { \$0-\$49}</u> <u>{First 12 months following the Policy Effective Date up to { \$0-\$49}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$49}}</u> <u>{thereafter { \$0-\$49}}</u>	<u>{{Insured} {12-24} months}</u> <u>{Dependent {Spouse} {12-24} months}</u> <u>{Dependent Children {<del>12</del>26-24} months} {under {18-27} years of age}}</u>
<b>{Low Vision Supplemental Testing</b> <u>{(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>up to {{ \$0-\$250} allowance}</u> <u>{First 12 months following the Policy Effective Date up to { \$0-\$250}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$250}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$250}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$250}}</u> <u>{thereafter { \$0-\$250}}</u>	<u>{{Insured} {12-36} months}</u> <u>{Dependent {Spouse} {12-36} months}</u> <u>{Dependent Children {<del>12</del>26-36} months} {under {18-27} years of age}}</u>

<b>Benefit</b>	<b><u>{Elite} In-Network</u></b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Other Benefits that may be added by Rider}</b> <u>{(Dependent Children under age {18 -26} are not eligible for {Other Examination Benefits that may be added by Rider})}</u>	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$70 } allowance } <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment } {{ up to } { \$0-\$70 } allowance } }</u> <u>{ Dependent Children { \$0-\$100 } Copayment } {{ up to } { \$0-\$70 } allowance } }</u>	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$70 } allowance } <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment } {{ up to } { \$0-\$70 } allowance } }</u> <u>{ Dependent Children { \$0-\$100 } Copayment } {{ up to } { \$0-\$70 } allowance } }</u>	up to { \$0-\$100 } <u>{ First 12 months following the Policy Effective Date up to } { \$0-\$100 }            { 12 months to } { 24-48 } months following the Policy Effective Date { \$0-\$100 }            { 24 months to } { 36-48 } months following the Policy Effective Date { \$0-\$100 }            { 36 months to 48 months following the Policy Effective Date } { \$0-\$100 }            { thereafter } { \$0-\$100 } }</u>	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 26-24 } months } { under { 18-27 } years of age } }
<b>{Other Exams (as developed)}</b> <u>{(Dependent Children under age {18 -26} are not eligible for {Other Exams (as developed)})}</u>	{{ \$0-\$100 } Co-payment <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment }            { Dependent Children { \$0-\$100 } Copayment } }</u>	{{ \$0-\$100 } Co-payment <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment }            { Dependent Children { \$0-\$100 } Copayment } }</u>	up to { \$0-\$49 } <u>{ First 12 months following the Policy Effective Date up to } { \$0-\$49 }            { 12 months to } { 24-48 } months following the Policy Effective Date { \$0-\$49 }            { 24 months to } { 36-48 } months following the Policy Effective Date { \$0-\$49 }            { 36 months to 48 months following the Policy Effective Date } { \$0-\$49 }            { thereafter } { \$0-\$49 } }</u>	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 26-24 } months } { under { 18-27 } years of age } }
<b>{VISION MATERIALS}</b>				
{ Vision Materials Combined Co-payment }	{ \$0- \$100 }	{ \$0- \$100 }	{ \$0- \$100 }	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 26-24 } months } { under { 18-27 } years of age } }
<i>{Standard Plastic Lenses}</i>				{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 26-24 } months } { under { 18-27 } years of age } }
{ Single Vision }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	up to { \$0-\$42 } up to { \$0-\$49 }	
{ Bifocal }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	up to { \$0-\$42 } up to { \$0-\$49 }	
{ Trifocal }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	up to { \$0-\$42 } up to { \$0-\$49 }	
{ Lenticular }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	{{ \$0-\$100 } Co-payment } {{ \$0-\$100 } Co-payment }	up to { \$0-\$42 } up to { \$0-\$49 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Other Lenses (as developed)}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to {{ \$0- <del>\$7475</del> }}	
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } {retail} {wholesale} allowance}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } {retail} {wholesale} allowance}	up to {{ \$0-\$240 }}	{{ Insured } {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}}
{Standard}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100 } Co-payment}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100 } Co-payment}	up to {{ \$0-\$240 }}	
{Premium}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100 } Co-payment}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100 } Co-payment}	up to {{ \$0-\$240 }}	
<b>{Contact Lenses (only one option available per Benefit Frequency)}</b>				{{ Insured } {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}}
{Formulary Contact Lenses}	{Paid in full} {Brand Name} {{30-90} Pack} {{1-6} Boxes} {Paid as shown in the Formulary list}	{Paid in full} {Brand Name} {{30-90} Pack} {{1-6} Boxes} {Paid as shown in the Formulary list}	up to {{ \$0-\$300 }}	
{Conventional}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance}	up to {{ \$0-\$300 }}	
{Disposable}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance} <u>{{ up to } {{ \$0-\$300 } allowance for a single purchase of less than a {6- 12}-month supply* or {up to} {{ \$0-\$300 } allowance for a single purchase of a {6- 12}-month supply* or greater}</u>	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance} <u>{{ up to } {{ \$0-\$300 } allowance for a single purchase of less than a {6- 12}-month supply* or {up to} {{ \$0-\$300 } allowance for a single purchase of a {6- 12}-month supply* or greater}</u>	up to {{ \$0-\$300 }}	
<u>{* A {6-12}-month supply is a the quantity of disposable contact lenses required to last {6-12} months assuming the Insured Person is following the manufacturer's recommended wear schedule.}</u>				
{Medically Necessary}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance} {Paid in full}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance} {Paid in full}	up to {{ \$0-\$300 }}	
{Other Contact Lenses (as developed)}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment {up to} {{ \$0-\$300 } allowance}	up to {{ \$0-\$300 }}	
<b>{Lens Options}</b>				{{ Insured } {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}}
{Standard Polycarbonate}	{{ \$0-\$100 } {Co-payment} {allowance}	{{ \$0-\$100 } {Co-payment} {allowance}	up to {{ \$0-\$50 }}	
{Standard Polycarbonate (For covered Dependent children under {18-27} years of age.)}	{{ \$0-\$100 } {Co-payment} {allowance}	{{ \$0-\$100 } {Co-payment} {allowance}	up to {{ \$0-\$50 }}	
{Premium Polycarbonate}	{{ \$0-\$100 } {Co-payment} {allowance}	{{ \$0-\$100 } {Co-payment} {allowance}	up to {{ \$0-\$50 }}	
{UV Treatment}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to {{ \$0-\$30 }}	
{Tint {Solid} or} {Gradient}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to {{ \$0-\$30 }}	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Standard Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Premium Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	up to { \$0-\$150 }	
{Premium Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$150 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Other Premium Progressive Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Standard Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Premium Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Other available Premium Anti-Reflective Coating}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Photochromic Lenses} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Other Lens Options (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$100 }	
<b>{Computer Vision Syndrome (CVS) Materials}</b>				}
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } { wholesale } { retail } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } { wholesale } { retail } allowance}	up to { \$0-\$240 }	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 6-24 } months } { under { 18-27 } years of age }
<b>{Standard Plastic Lenses}</b>				{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 6-24 } months } { under { 18-27 } years of age }
{Single Vision}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Computer Progressive}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- <del>74</del> 75 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
<b>{Low Vision Aids</b>	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{Insured} {12-36} months} {Dependent {Spouse} {12-36} months} {Dependent Children { <del>12</del> 6-36} months} {under {18-27} years of age}}
<i>{Vision Exam/Vision Material Allowance**</i>	{\$0-\$500} allowance	{\$0-\$500} allowance	up to {\$0-\$500}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}}
<i>{Glasses Allowance**</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {18-27} years of age}}
<i>{Contact Lenses Allowance**</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {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 0.50 diopter sphere/cylinder >20 degrees axis, or visual acuity improvement by one line on standard chart}.} {\*Covered Dependent children are eligible for more than one exam {and/or one lens,} {frames} {and} {lens options} {or} {contact lenses} if prescription has changed.}

{\*\*{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.}}



Benefit	<u>{Elite} In-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>Benefit Frequency</u>
{and} {or}				
<b>{Contact Lenses Fit And Follow-Up}</b> <u>{(Dependent Children under age {18 -26} are not eligible for Contact Lenses Fit and Follow-Up)}</u>				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>612</del> -24} months} {under {18-27} years of age}
{Standard}	{{ \$0-\$100} Co-payment} <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	{{ \$0-\$100} Co-payment} <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	up to {{ \$0-\$49} <u>{First 12 months following the Policy Effective Date up to { \$0-\$49}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$49}}</u> <u>{thereafter { \$0-\$49}}</u>	
{Premium}	{{ \$0-\$100} Co-payment} {{up to} {{ \$0-\$70} allowance} <u>{Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}</u> <u>{Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}</u>	{{ \$0-\$100} Co-payment} {{up to} {{ \$0-\$70} allowance} <u>{Insured and Dependent Spouse {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}</u> <u>{Dependent Children {{ \$0-\$100} Copayment} {{up to} {{ \$0-\$70} allowance}}</u>	up to {{ \$0-\$70} <u>{First 12 months following the Policy Effective Date up to { \$0-\$70}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$70}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$70}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$70}}</u> <u>{thereafter { \$0-\$70}}</u>	

<b>Benefit</b>	<b><u>{Elite} In-Network</u></b>	<b><u>{In-Network}</u></b>	<b><u>{Out-of-Network}</u></b>	<b><u>Benefit Frequency</u></b>
<b>{Computer Vision Syndrome (CVS) Examination</b> <u>{(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>up to { \$0-\$49}</u> <u>{First 12 months following the Policy Effective Date up to { \$0-\$49}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$49}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$49}}</u> <u>{thereafter { \$0-\$49}}</u>	<u>{{Insured} {12-24} months}</u> <u>{Dependent {Spouse} {12-24} months}</u> <u>{Dependent Children {<del>12</del>26-24} months} {under {18-27} years of age}}</u>
<b>{Low Vision Supplemental Testing</b> <u>{(Dependent Children under age {18 -26} are not eligible for a CVS Examination)}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>{{ \$0-\$100} Co-payment</u> <u>{Insured and Dependent Spouse { \$0-\$100} Copayment}</u> <u>{Dependent Children {{ \$0-\$100} Copayment}</u>	<u>up to {{ \$0-\$250} allowance}</u> <u>{First 12 months following the Policy Effective Date up to { \$0-\$250}</u> <u>{12 months to {24-48} months following the Policy Effective Date { \$0-\$250}}</u> <u>{24 months to {36-48} months following the Policy Effective Date { \$0-\$250}}</u> <u>{36 months to 48 months following the Policy Effective Date { \$0-\$250}}</u> <u>{thereafter { \$0-\$250}}</u>	<u>{{Insured} {12-36} months}</u> <u>{Dependent {Spouse} {12-36} months}</u> <u>{Dependent Children {<del>12</del>36} months} {under {18-27} years of age}}</u>

<b>Benefit</b>	<b><u>{Elite} In-Network</u></b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>	<b><u>Benefit Frequency</u></b>
{Other Benefits that may be added by Rider} <u>{(Dependent Children under age {18 -26} are not eligible for {Other Examination Benefits that may be added by Rider})}</u>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment } { up to { \$0-\$70 } allowance } }</u> <u>{ Dependent Children { \$0-\$100 } Copayment } { up to { \$0-\$70 } allowance } }</u>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment } { up to { \$0-\$70 } allowance } }</u> <u>{ Dependent Children { \$0-\$100 } Copayment } { up to { \$0-\$70 } allowance } }</u>	up to { \$0-\$100 } <u>{ First 12 months following the Policy Effective Date up to { \$0-\$100 } }</u> <u>{ 12 months to { 24-48 } months following the Policy Effective Date { \$0-\$100 } }</u> <u>{ 24 months to { 36-48 } months following the Policy Effective Date { \$0-\$100 } }</u> <u>{ 36 months to 48 months following the Policy Effective Date { \$0-\$100 } }</u> <u>{ thereafter { \$0-\$100 } }</u>	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 24 } months } { under { 18-27 } years of age } }
{Other Exams (as developed) <u>{(Dependent Children under age {18 -26} are not eligible for {Other Exams (as developed)})}</u>	{{ \$0-\$100 } Co-payment <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment }</u> <u>{ Dependent Children { \$0-\$100 } Copayment }</u>	{{ \$0-\$100 } Co-payment <u>{ Insured and Dependent Spouse { \$0-\$100 } Copayment }</u> <u>{ Dependent Children { \$0-\$100 } Copayment }</u>	up to { \$0-\$49 } <u>{ First 12 months following the Policy Effective Date up to { \$0-\$49 } }</u> <u>{ 12 months to { 24-48 } months following the Policy Effective Date { \$0-\$49 } }</u> <u>{ 24 months to { 36-48 } months following the Policy Effective Date { \$0-\$49 } }</u> <u>{ 36 months to 48 months following the Policy Effective Date { \$0-\$49 } }</u> <u>{ thereafter { \$0-\$49 } }</u>	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 24 } months } { under { 18-27 } years of age } }
<b><u>VISION MATERIALS</u></b>				
{Vision Materials Combined Co-payment}	{ \$0- \$100 }	{ \$0- \$100 }	{ \$0- \$100 }	{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 24 } months } { under { 18-27 } years of age } }
<i>{Standard Plastic Lenses}</i>				{{ Insured } { 12-24 } months } { Dependent { Spouse } { 12-24 } months } { Dependent Children { <del>12</del> 24 } months } { under { 18-27 } years of age } }
{Single Vision}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Trifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- <del>74</del> 75 }	
{Lenticular}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- <del>74</del> 75 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Other Lenses (as developed)}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- <del>\$7475</del> }	
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment} {{ up to } { \$0-\$300 } {retail} { wholesale } allowance}	{{ \$0-\$100 } Co-payment} {{ up to } { \$0-\$300 } {retail} { wholesale } allowance}	up to { \$0-\$240 }	{{ Insured } { 12-24 } months} { Dependent { Spouse } { 12-24 } months} { Dependent Children { <del>12</del> 6-24 } months } { under { 18-27 } years of age }
{Standard}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
{Premium}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	{ Paid in full from the Covered Frame Selection } {{ \$0-\$100 } Co-payment}	up to { \$0-\$240 }	
<b>{Contact Lenses (only one option available per Benefit Frequency)}</b>				{{ Insured } { 12-24 } months} { Dependent { Spouse } { 12-24 } months} { Dependent Children { <del>12</del> 6-24 } months } { under { 18-27 } years of age }
{Formulary Contact Lenses}	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	{ Paid in full } { Brand Name } {{ 30-90 } Pack } {{ 1-6 } Boxes } { Paid as shown in the Formulary list }	up to { \$0-\$300 }	
{Conventional}	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance }	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance }	up to { \$0-\$300 }	
{Disposable}	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance } <u>{{ up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater }</u>	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance } <u>{{ up to } { \$0-\$300 } allowance for a single purchase of less than a { 6- 12 }-month supply* or { up to } { \$0-\$300 } allowance for a single purchase of a { 6- 12 }-month supply* or greater }</u>	up to { \$0-\$300 }	
<u>{* A { 6-12 }-month supply is a the quantity of disposable contact lenses required to last { 6-12 } months assuming the Insured Person is following the manufacturer's recommended wear schedule.}</u>				
{Medically Necessary}	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance } { Paid in full }	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance } { Paid in full }	up to { \$0-\$300 }	
{Other Contact Lenses (as developed)}	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance }	{{ \$0-\$100 } Co-payment } {{ up to } { \$0-\$300 } allowance }	up to { \$0-\$300 }	
<b>{Lens Options}</b>				{{ Insured } { 12-24 } months} { Dependent { Spouse } { 12-24 } months} { Dependent Children { <del>12</del> 6-24 } months } { under { 18-27 } years of age }
{Standard Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Standard Polycarbonate (For covered Dependent children under { 18-27 } years of age.)}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{Premium Polycarbonate}	{{ \$0-\$100 } { Co-payment } { allowance }	{{ \$0-\$100 } { Co-payment } { allowance }	up to { \$0-\$50 }	
{UV Treatment}	{{ \$0-\$30 } Co-payment }	{{ \$0-\$30 } Co-payment }	up to { \$0-\$30 }	
{Tint {Solid} or } {Gradient}	{{ \$0-\$30 } Co-payment }	{{ \$0-\$30 } Co-payment }	up to { \$0-\$30 }	

<b>Benefit</b>	<b>{Elite} In-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Benefit Frequency</b>
{Standard Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Premium Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$200 } allowance}	up to { \$0-\$150 }	
{Premium Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$150 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Other Premium Progressive Lenses (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Standard Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Premium Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Other available Premium Anti-Reflective Coating}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Photochromic Lenses} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Other Lens Options (as developed)}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } allowance}	up to { \$0-\$100 }	
<b>{Computer Vision Syndrome (CVS) Materials}</b>				}
<b>{Frames}</b>	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail} allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$300 } wholesale } {retail} allowance}	up to { \$0-\$240 }	{{ Insured } {12-24} months } { Dependent {Spouse} {12-24} months } { Dependent Children { <del>12</del> 6-24} months } {under {18-27} years of age }
<b>{Standard Plastic Lenses}</b>				{{ Insured } {12-24} months } { Dependent {Spouse} {12-24} months } { Dependent Children { <del>12</del> 6-24} months } {under {18-27} years of age }
{Single Vision}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Computer Progressive}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0- <del>74</del> 75 }	
<b>{Low Vision Aids}</b>	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime} allowance}	{{ 0%-50% } Co-payment { up to } { \$0-\$5,000 } {lifetime} allowance}	{{ 0%-50% } Co-payment } { up to } { \$0-\$5,000 } {lifetime} allowance}	{{ Insured } {12-36} months } { Dependent {Spouse} {12-36} months } { Dependent Children { <del>12</del> 6-36} months } {under {18-27} years of age }
<i>{Vision Exam/Vision Material Allowance**}</i>	{ \$0-\$500 } allowance	{ \$0-\$500 } allowance	up to { \$0-\$500 }	{{ Insured } {12-24} months } { Dependent {Spouse} {12-24} months } { Dependent Children { <del>12</del> 6-24} months } {under {18-27} years of age }
<i>{Glasses Allowance**}</i>	{ \$0-\$300 } allowance	{ \$0-\$300 } allowance	up to { \$0-\$300 }	{{ Insured } {12-24} months } { Dependent {Spouse} {12-24} months } { Dependent Children { <del>12</del> 6-24} months } {under {18-27} years of age }

<b>Benefit</b>	<b>{{Elite} In-Network}</b>	<b>{In-Network}</b>	<b>{Out-of-Network}</b>	<b>Benefit Frequency</b>
{Contact Lenses Allowance**}	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children { <del>12</del> 6-24} months} {under {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 0.50 diopter sphere/cylinder >20 degrees axis, or visual acuity improvement by one line on standard chart}.} {\*Covered Dependent children are eligible for more than one exam {and/or one lens,} {frames} {and} {lens options} {or} {contact lenses} if prescription has changed.}

{\*\*{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.}}