

Value Added Features At No Extra Cost

<p>More Covered Frames:</p>	<p>In lieu of the frame allowance, members may choose to select any frame from Davis Vision's exclusive Collection. The Collection is available at most participating independent provider offices and features three levels of frames: Fashion, Designer and Premier, with retail values of \$125 - \$225. By selecting a Collection frame, member eyewear is often completely covered. In fact, approximately 7 out of 10 members take advantage of the tremendous savings - by selecting a Davis Vision Collection frame.¹</p>
<p>Free One-Year Breakage Warranty:</p>	<p>All eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The one-year breakage warranty applies to all plan-covered eyeglasses (i.e., all spectacle lenses, Davis Vision Collection frames and national retailer frames, where our exclusive frame Collection is not displayed).</p>
<p>Ancillary Product Discount:</p>	<p>Members will receive 50% off of additional pairs of eyeglasses at Visionworks retail locations nationally. At most other participating network offices, members will receive a 20% courtesy discount on items not covered by the benefit, e.g., second pairs, sunglasses, etc. Disposable contact lenses are available at a 10% discount.²</p>
<p>Scratch Protection Plan:</p>	<p>Standard scratch-resistant coating is available for plastic lenses free of charge. Members may also purchase an optional scratch protection plan, which will replace scratched lenses with new lenses of the same material, style and prescription at no charge for one year from the original date of dispensing.</p>
<p>More Covered Contact Lenses:</p>	<p>In addition to the allowance, members may be fitted with contact lenses from our contact lens Collection¹, which includes torics and multifocals. All Collection contact lenses are covered in full up to the plan-specified amount and include evaluation, fitting and follow-up care. Davis Vision also covers the cost in full for contact lenses that are determined as medically necessary in the treatment of the following conditions: Keratoconus, Anisometropia, Corneal Disorders, Pathological Myopia, Aniseikonia, Post-Traumatic Disorders, Aphakia, Aniridia and Irregular Astigmatism. In general, medically necessary contact lenses may be prescribed in lieu of eyeglasses, when it will result in significantly better visual acuity and/or improved binocular function, including avoidance of diplopia or suppression.</p>
<p>Mail Order Contact Lenses:</p>	<p>Davis Vision's proprietary LENS123® mail order program offers the fastest, easiest and most convenient way to buy replacement contact lenses – and if you find a lower price, they will match it. Members simply call 1-800-LENS123 or visit lens123.com with their current prescription.</p>
<p>Laser Vision Correction Discounts:</p>	<p>Members are entitled to savings of up to 25% off participating provider's usual and customary fees, or a 5% discount on any advertised special through our network of physicians and refractive surgery centers (some centers provide a flat fee equating to these discount levels).</p>
<p>Low Vision Coverage:</p>	<p>Members who require low-vision services and optical devices are entitled to the following coverage, both in- and out-of-network, with prior approval from Third Party Administrator:</p> <ul style="list-style-type: none"> Low Vision Evaluation: One comprehensive evaluation every five years, with a maximum charge of \$300. This examination, sometimes called a functional vision assessment, can determine distance and clarity of vision, the size of readable print, the existence of blind spots or tunnel vision, depth perception, eye-hand coordination, problems perceiving contrast and lighting requirements for optimum vision. Low-Vision Aid: Maximum allowance of \$600 with a lifetime maximum of \$1,200 for items such as high- power spectacles, magnifiers and telescopes. These devices are utilized to maximize use of available vision, reduce problems of glare or increase contrast perception, based on the individual's visual goals and lifestyle needs. Follow-up care: Four visits in any five-year period, with a maximum charge of \$100 for each visit.

¹Participating retail providers typically do not display the Collection, but are contractually required to maintain a comparable selection (in both quantity and quality) of frames that would be covered in full, with no additional member out-of-pocket expense. Collection is subject to change.

²Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

VISION EXPENSES NOT COVERED

No benefits are payable under the Policy for the procedure, service, or supply listed below.

- Any service or supply not shown in the list of Covered Services.
- For Services or supplies not recommended by a Provider.
- For periodic vision examinations, except as provided for in the Schedule of Vision Benefits.
- For eye examinations required by an employer as a condition of employment.
- For services or Materials provided in connection with special procedures such as orthoptics and visual training, or in connection with medical or surgical treatment.
- For lenses which do not provide vision correction.
- For charges for the replacement of lost or stolen lenses or frames which would not otherwise be covered.
- Incurred as a direct or indirect result of war (declared or undeclared).
- Incurred as a result of an intentionally self-inflicted injury or injury sustained while committing a crime.
- For services or supplies furnished to an Insured before the effective date of an Insured's coverage under the Policy or after the date an Insured's coverage under the Policy ends.
- For services or supplies which are not generally accepted in the United States as being necessary and appropriate for the treatment of a patient's sickness or injury.
- For any medical treatment rendered outside the United States.
- For services rendered by practitioners who do not meet the definition of Provider.
- Charges for failure to keep a scheduled visit, or for the completion of any claim forms.
- For expenses covered by any other group insurance, a health maintenance organization, hospital or medical services prepayment plan available through an employer, union or association.
- Services, Materials or supplies payable in whole or in part under any medical plan.
- Services rendered or supplies furnished by someone who is related to an Insured by blood (e.g., sibling, parent, grandparent, child), marriage (e.g., spouse or in-law) or adoption, or is normally a member of the Insured's household.

- Expenses compensable under Workers' Compensation or Employers' Liability Laws, or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage).
- Expenses provided or paid for by any welfare plan or governmental program or a plan required by law, except as to charges which the person is legally obligated to pay.
- Services for which there would be no charge in the absence of insurance, or any service or treatment provided without charge.
- For medically necessary contact lenses prescribed for an Insured for which prior approval was not obtained.

SecureCare Dental & Vision Plan Information

Eligibility for Enrollment

You may enroll yourself for coverage if you (1) are an active employee; (2) meet your employer's eligibility criteria (e.g., number of work hours, job classification); and (3) have completed any applicable waiting period for coverage.

An employee may also enroll (1) his/her lawful spouse; (2) his/her child (natural, legally-adopted, step, or foster) who is under age 26. (3) his/her grandchild who is under age 19, and whom the employee can claim as an exemption on his/her federal income tax return; and (4) his/her handicapped child or grandchild older than the maximum age limit, who receives at least 50% support and care from the employee.

Effective Date of Coverage

Your coverage will begin on the first day of the month following your completed enrollment, provided (1) you are Actively At Work on such date; and (2) your first premium has been paid by you, or on your behalf. (Actively At Work means you are performing all customary job duties of your occupation, at your usual place of employment [or would be able to do so if it is a regular paid vacation day, or a regular non-working day, provided you are at work on the last preceding regular work day].)

If you enroll for dependent coverage, such coverage will begin the same day your coverage begins. If you enroll for dependent coverage at a later date, coverage on such eligible dependent(s)

will begin on the first day of the month following completed enrollment, and payment of premium. If a dependent is Disabled (hospital confined; or unable to perform the regular and customary activities of a person in good health, and of the same age) on the date their coverage is to begin, coverage on that dependent will be delayed until the first of the month coincident with, or next following, the date Disability no longer exists.

End of Coverage

Your coverage will end on the earliest of (1) the date the policy ends; (2) the date you enter the Armed Forces of any country; (3) the end of the month during which you cease eligibility; or (4) the end of the last period for which premium payment has been made by you or on your behalf. Coverage on your dependents will end on the earliest of (1) the date your coverage ends; (2) the date your dependent no longer meets eligibility requirements; (3) the date your dependent enters the Armed Forces of any country; or (4) the end of the last period for which premium payment has been for dependent coverage.

Administered by:

Southwest Preferred Dental Organization

Underwritten by:

**American National Life Insurance Company of Texas
Galveston, TX**