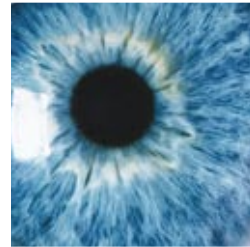


BEST Life
BEST Life and Health Insurance Company

Vision



*Vision PPO &
Indemnity Plans*


Group Sizes 5 or more

Underwritten by BEST Life and Health Insurance Co.

Vision Plans with Great Value

Vision plans are not only perfect for employers looking to add value to their ancillary benefits program, they also offer affordability and promote wellness. BEST Life offers two vision products: a Vision PPO plan, and a true indemnity vision plan fully-insured by BEST Life and Health Insurance Company.

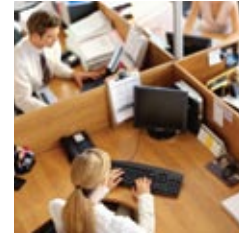
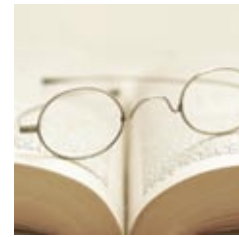
Both BEST Life vision products are available as employer-contributory and voluntary. There are no ineligible or loaded industries, or waiting periods. Together these products are different enough to provide a well-balanced benefits portfolio for your business.



An eye exam does more than check eyesight – it can also diagnose diseases in their early stages. Early symptoms for high blood pressure, cardiovascular disease, diabetes and multiple sclerosis can all be screened for in an eye exam.

Vision

Vision Products for Group Size 5+



✓ BEST LIFE VISION PPO*

These comprehensive plans have an in-network benefit and include coverage for additional lens options like UV coating, tints, polycarbonates, and scratch resistance.

- Access to a PPO network of over 50,000 vision care providers nationally;
- Network includes optometrists, ophthalmologists, opticians, private practices and optical retailers (LensCrafters®, Target Optical®, Sears OpticalSM, JC Penny Optical®, and most Pearle Vision locations);
- Plan allows member to receive either contacts and frame, or frame and eyeglass lens services;
- 15% off retail price for Laser Vision Correction included; and
- Materials Only plans available upon request.

Network and call center administered by EyeMed Vision Care, LLC, a Delaware Limited Liability Company. Claims administration provided by First American Administrators, Inc., an Arizona corporation and licensed Third Party Administrator. Billing and eligibility administered by BEST Life and Health Insurance Company.

✓ BEST LIFE ACCESS VISION INDEMNITY

For groups who want access to any provider, these vision plans offer more frequency options, yearly deductible options, and provide comprehensive coverage.

- Contacts in lieu of, or in addition to frames and lenses;
- Access care from any licensed ophthalmologist or optometrist;
- EyeMed discount program included for discounts off of the regular retail price of eyeglasses, contact lenses, sunglasses and corrective surgery; and
- QualSight laser vision correction discounts.

.....
*According to the Jobson Optical Handbook,
48% of vision participants nationally receive
services from independent private practices.
52% go to retail chains!*
.....

BEST Life Access Vision Indemnity

Employer-contributory and Voluntary Group Sizes 5+

This true indemnity vision plan can be written on a stand-alone basis for groups with 5 or more enrolling.

✓ PLAN FEATURES:

- Employer-contributory and voluntary plans available
- No ineligible or loaded industries, or waiting periods
- Access to care from any licensed ophthalmologist or optometrist
- Contacts in lieu of OR in addition to frames and lenses



Plan Design Options	1	2	3	Frequency Options (Months)			
Yearly Deductible Options	\$0, \$10 or \$25			A	B	C	D
Exam Allowance	\$60	\$60	\$60	12	12	12	12
Lens Allowances							
Single	\$35	\$45	\$55	12	12	12	24
Bi-focal	\$55	\$65	\$75				
Tri-focal	\$65	\$75	\$85				
Frames Allowance	\$80	\$100	\$115	12	24	24	24
Elective Contact Lenses Allowance	\$125	\$125	\$125	12	12	24	24
Medically Necessary Contact Lenses Allowance (with prior authorization)	\$200	\$200	\$200	12	12	24	24

✓ EYEMED DISCOUNT¹

All BEST Life Access Vision plan members are eligible to receive discounts through EyeMed. Members will receive an explanation flyer and a Summary of Discounts along with their BEST Life Access Vision ID card. A BEST Life ID card will be necessary to obtain discounts.

EyeMed's Discount Program includes discounts off of exams, eyeglasses, progressive lenses, UV coating, tints, polycarbonates, contacts, and laser vision correction. Discounts are available at participating EyeMed locations.

✓ QUALSIGHT¹

Members are automatically eligible to access QualSight's Lasik Network for discounts of 40-50% off the national average charge for laser eye surgery. More information is available at <http://qualsight.com/-besthealth>.

¹Discount programs are available through the BEST Employers Association. Association membership is required to purchase a BEST Life insurance product. Employees become members prior to enrolling in a BEST Life plan.

BEST Life Vision PPO

Employer-contributory and Voluntary Group Sizes 5+



These vision plans offer comprehensive vision benefits, and cost-savings through the EyeMed network.

✓ PLAN FEATURES:

- Access to EyeMed's network of over 50,000 vision care providers nationally
- Network includes optometrists, ophthalmologists, opticians, private practices and optical retailers: LensCrafters®, Target Optical®, Sears OpticalSM, JC Penny Optical® and most Pearle Vision locations
- 15% off retail price for Laser Vision Correction included
- Materials Only plans available upon request

Frequency (by months)			
Plan Option	Exams	Frames	Lenses/Contacts
A	12	12	12
B	12	24	12

Vision PPO Plans	1		2		3	
Vision Care Services	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance
Exam with Dilation as necessary	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42
Standard Fit and Follow-Up	\$0 Co-pay	Up to \$40	Up to \$55 Co-pay	Not Covered	Up to \$55 Co-pay	Not Covered
Frames (Any available frame at provider location)	80% of Balance over \$130	Up to \$65	80% of Balance over \$130	Up to \$65	80% of Balance over \$100	Up to \$50
Standard Plastic Lenses						
Single Vision	\$10 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35
Bi-focal	\$10 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40
Tri-focal	\$10 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65
Standard Progressive	\$75 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40
Premium Progressive	\$75 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40
Lens Options						
UV Coating	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Tint (Solid and Gradient)	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard Scratch-resistant	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard polycarbonate	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Standard anti-reflective coating	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered
Other add-ons and services	80% of Balance	Not Covered	80% of Balance	Not Covered	80% of Balance	Not Covered
Contact Lenses						
Contact Lens - Conventional	85% of Balance over \$130	Up to \$104	85% of Balance over \$130	Up to \$104	85% of Balance over \$115	Up to \$92
Contact Lens - Disposable	Balance over \$130	Up to \$104	Balance over \$130	Up to \$104	Balance over \$115	Up to \$92
Medically Necessary Contacts	\$0 Co-pay, paid in full	Up to \$200	\$0 Co-pay, paid in full	Up to \$200	\$0 Co-pay, paid in full	Up to \$200

The Fine Print

Employee Eligibility

Eligibility is based on, but not limited to the following:

- There must be an employee-employer relationship.
- A central office and a regular place of business where the maintenance of payroll and insurance is performed.
- All eligible employees must be full-time and working at least 30 hours per week.

The following employees are generally not eligible:

- Part-time, seasonal, retired or pensioned employees, leased, consultants, employees covered under collective bargaining agreements, and employees who are paid as 1099 employees.
- Directors or stockholders who do not work full-time or at least 30 hours per week in the business.

Employee Effective Date

Insurance will take effect on the later of:

- The date the employer group becomes effective (if initial enrollment cards are received within 31 days of this date); or
- The first day of the next calendar month following the date a full-time employee completes the Waiting Period as elected by the employer (an enrollment card must be received within 31 days of this day); or
- The first of the month after the date of hire, if this option is elected by the employer on the Master Application.

Dependent Eligibility

Eligible dependents include spouse and dependent children. The definition of dependent may vary by state. Refer to the plan's Certificate of Insurance or your Sales Representative for details.

Dependent's Effective Date

Dependent's insurance will take effect on the later of:

- The date the employee's insurance is effective (if the enrollment card is received within 31 days of that date); or
- The first day of the next calendar month following the date the employee enrolled his or her dependents, provided the enrollment is made within 31 days of the dependents first becoming eligible (must be provided in writing).

Late Entrants to the Plan

If an employee or a dependent enrolls for coverage 31 days or more after becoming eligible, he or she will be considered a "late entrant" and eligible for no more than \$75 of vision care benefits during the first 12 months of continuous coverage.

Coordination of Benefits

Benefits will be coordinated with the benefits of any other group vision plan to which the individual is entitled.

Termination of Coverage

Employee and dependent coverage will terminate on the earliest of the following events: (1) the last day of the month in which active employment ceases, unless the employee is on leave of absence, temporary layoff or total disability and the employer decides to continue paying for coverage; (2) the last day of the month in which the employee and/or dependent ceases to be eligible for insurance; (3) the date the employer ceases to be a Participating Employer; (4) the day before the due date of any premium that remains unpaid at the end of the grace period; (5) the date the policy terminates; or (6) the date the number of insured employees of a Participating Employer falls below five.

Underwriting Information



Participation Requirements

On groups where the employer pays 100% of the employee and/or dependent premiums:

100% of all employees/dependents must participate. (Waived if other lines of coverage are purchased.)

On employer contribution plans:

- 5 or more lives;
- 60% participation of eligible employees (for employees with other group vision coverage, a refusal card must be completed. These employees will not be counted toward the participation requirement).

On voluntary plans:

- 5 or more lives;
- 20% participation of eligible employees

Contribution Requirements

Employer-contributory: 50% and above (EE) & 0% and above (Dependents)

Voluntary: Less than 50% of EE premium

Underwriting rights reserved

The insurance company reserves the right to require additional information before acting on an individual's or group's request for coverage. The insurance company reserves the right to decline any particular case or applicant regardless of size. Approval of all enrollment and employee eligibility requirements must be met before insurance can be put in force.



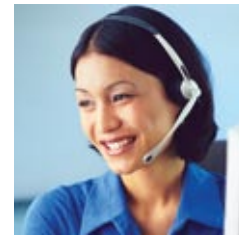
BEST Life Access Vision Exclusions:

No payments will be made for and covered vision expenses do not include:

- Services for which no charge is made or for which the Insured is not required to pay; or any eye examination furnished by or paid for by any government. This includes glasses or frames for which the individual has been reimbursed under any group hospitalization or medical reimbursement insurance plan.
- Charges due to occupational accidents or sickness covered by Worker's Compensation.
- Cosmetic lens enhancements such as tints; UV coating, scratch coating or anti-reflective coating.
- Safety glasses or goggles.
- Services performed by an optometrist or ophthalmologist beyond the scope of their applicable licenses.
- Services incurred as a result of sickness or injury.
- Special procedures such as orthoptics, vision training or subnormal vision aids.
- Plain or prescription sunglasses or other special purpose vision aids.
- Medical or surgical treatment of eyes.
- Replacement of lost or broken frames and lenses.
- Duplicate glasses or frames.
- Services or materials not specifically listed in the Schedule of Vision Care Benefits.
- Care (including prescribed medication) that would be deemed an eligible expense under a patient's major medical or other insurance programs, including Worker's Compensation.
- Any service performed prior to the patient's effective date, or after the coverage termination date.
- Services not recommended by a provider or which are not required for necessary care and treatment; or which do not have uniform professional endorsement.
- Services performed by a member of the patient's immediate family, or a person who resides in the patient's home.
- Charges for failure to keep a scheduled appointment, or for completion of claim forms.

Note: To be entitled to benefits for lenses and visual analysis, lenses must be prescribed and visual analysis must be performed by a legally qualified ophthalmologist or legally qualified optometrist.

BEST Life Vision PPO Exclusions:



No benefit shall be payable except as otherwise provided herein or on account of:

1. Services for which no charge is made or for which the Insured Person is not required to pay or any eye examination furnished by or paid under or for any government, federal or state, dominion or provincial, or any political subdivisions thereof, or any glasses or frames for which the Insured Person has been or may be reimbursed under any group hospitalization or medical expense reimbursement insurance plan, to the extent of any such payment or reimbursement;
2. charges for services due to occupational accidents or sickness covered by Worker's Compensation;
3. more than one pair of lenses, frames, contact lenses or examination per person per Benefit Period;
4. cosmetic lens enhancements such as: tints, ultraviolet coating, scratch coating, anti-reflection coating;
5. safety glasses or goggles;
6. services performed by an Optometrist, Ophthalmologist or Physician beyond the scope of their applicable licenses;
7. services incurred as a result of sickness or injury;
8. special procedures such as orthoptics, vision training or subnormal vision aids;
9. plain or prescription sunglasses or other special purpose vision aids;
10. medical or surgical treatment of eyes;
11. replacement of lost or broken lenses and/or frames;
12. duplicate glasses or frames;
13. services or materials not specifically listed in the Schedule of Vision Benefits;
14. care, including prescribed medications, that would be deemed an eligible expense under a patient's major medical or other insurance program;

15. any services performed prior to the patient's effective date, or after the coverage termination date;
16. services not recommended by a provider or which are not required for necessary care and treatment; or which do not have uniform professional endorsement;
17. services performed by a member of the patient's immediate family, or a person who resides in the patient's home;
18. charges for failure to keep a scheduled appointment, or for completion of claim forms;
19. orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
20. Aniseikonic lenses;
21. medical and/or surgical treatment of the eye, eyes or supporting structure;
22. non-prescription lenses and non-prescription sunglasses;
23. two pair of glasses in lieu of bifocals;
24. Comprehensive Eye Exams not performed by either an Optometrist, Ophthalmologist or a Physician acting within the scope of his or her license; or
25. Lenses that are not prescribed by either an Optometrist, Ophthalmologist or Physician acting within the scope of his or her license.

Note: To be entitled to Benefits for lenses and visual analysis, lenses must be prescribed and visual analysis must be performed by a legally qualified Ophthalmologist, Optometrist or Physician acting within the scope of his or her license.



This brochure is for descriptive purposes only. Please refer to Certificate Booklet for specific details about plan coverages, limitations and exclusions.



Sponsored by BEST Employers Association



BEST Life products are marketed and distributed by BEST Health Plans, LLC. Underwritten by BEST Life and Health Insurance Co.

Notes



Vision

BEST  **Life**

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