



American Vision Source

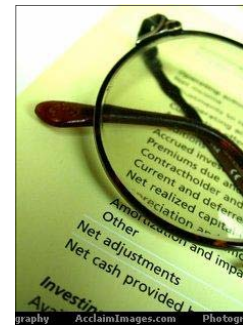
The power of sight, savings and choice.

Comprehensive Vision Care Program



American Vision Source (AVS) provides employer groups access to the same benefits made available to large national corporations. AVS clients, their employees and dependents, have access to Spectera for quality annual exams, eye care & eyewear at significantly reduced prices. The power of AVS is driven by its' large client base and related membership - delivering the *highest value* in vision care benefits.

- **Annual Eye Examination - \$10.00 co-payment.**
- **Premier Frame OR Contact Lens Benefit - \$25.00 co-payment.**
 - Your choice of any frame in the marketplace, most “covered-in-full”, or “buy-up” options with additional savings.
 - Paid in full contact lens benefit, including fitting & evaluation and 2 follow up visits with network providers.
 - No claim forms or vouchers required.
- **Low Monthly Cost - High Level of Savings.**
 - Avoid paying retail AND the “high cost” at “point-of-sale” for purchase of eye care and eyewear services.
 - Savings even if non-network providers are utilized (after reimbursement).
- **National Network of Vision Care Providers.**
 - Independent ‘Private Practice’ Providers AND Retail / Chain Providers (offering evening and weekend hours).
- **Easy Plan Installation**
 - Shelf Rated - 2 year rate guarantee.
 - No census required. Minimum of 2 enrollees per group.
 - Low cost monthly group administration fee - \$15.00.



Covered-in-full Savings Example.

Buy-up Option Savings Example.

Savings Illustration	Avg. Retail	AVS Member
Eye Exam	\$ 60.00	\$10.00
Single Vision Lenses	\$ 79.00	\$ 0.00
Frame @ \$130.00	\$130.00 ¹	\$ 0.00
Scratch Guard	\$ 25.00	\$ 0.00
Materials Co-payment	N/A	\$25.00
Total Cost	\$294.00	\$35.00

SAVINGS → **\$259.00**

¹ Plan participants receive a minimum \$130 frame allowance for frames purchased at retail chain providers. Savings will vary provider and eyewear chosen. Illustration based on one member.

Savings Illustration	Avg. Retail	AVS Member
Eye Exam	\$ 60.00	\$10.00
Single Vision Lenses	\$ 79.00	\$ 0.00
Frame @ \$170.00	\$170.00	\$ 9.00 ²
Scratch Guard	\$ 25.00	\$ 0.00
Materials Co-payment	N/A	\$25.00
Total Cost	\$334.00	\$44.00

SAVINGS → **\$290.00**

² Independent Provider – frame with wholesale cost of \$59, member pays \$9.00. Savings will vary by provider and materials chosen. Illustration based on one member.



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LEVELS OF BENEFITS		
BENEFITS	PARTICIPATING PROVIDER ¹	NON-NETWORK PROVIDER ²
Eye Examination	100%	Up to \$40.00
Single Vision Lenses	100%	Up to \$40.00
Bifocal Lenses	100%	Up to \$60.00
Trifocal Lenses	100%	Up to \$80.00
Lenticular Lenses	100%	Up to \$80.00
Frame ³	100%	Up to \$45.00
Contacts: Elective Selection	100% ⁴	Up to \$105.00
Non-Selection	Up to \$105.00	Up to \$105.00
Medically Necessary Contacts	100% ⁵	Up to \$210.00

¹**Participating Provider (In-Network)** - Co-payment(s) and any patient options (buy-up or non-covered in full) are paid to the participating provider by the plan participant.

²**Non-Participating Provider (Out-of-Network)** - The plan participant pays full fee to the provider and OptumHealth Vision reimburses member for services rendered up to the maximum allowance noted. There are no co-payments or deductibles.

³**Selection Frames:** Are covered-in-full after co-payment. **Non-Selection frames:** The plan provides a \$50.00 allowance towards the wholesale frame cost at Private Practice Providers. Plan participants receive a minimum \$130.00 frame allowance at participating Retail Optical providers.

There is no dispensing fee charged to the plan participant. Selection and savings vary by provider type.

⁴**Contact lenses** are provided in lieu of spectacle lenses and frame. **Selection Contacts:** Evaluation, fitting, contacts and up to 2 follow up visits are covered-in-full after co-payment. **Non-Selection Contacts:** Member receives a \$105.00 allowance toward the cost of the fitting, evaluation, and contacts (no co-payment). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside the covered-in-full selection.

⁵**Necessary contact lenses** are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.



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Provider Network Benefits

VISION BENEFIT SUMMARY

- **COMPREHENSIVE EYE EXAMINATION** - Once Every 12 Months.
- **LENSES OR CONTACT LENSES (in lieu of frames)** - Once Every 12 Months.
- **FRAMES** - Once Every 12 or 24 Months (depending upon plan frequency).

- **PAIR OF LENSES (ONCE EVERY 12 MONTHS)**
Standard, clear lenses (single vision, bifocal or trifocal) – **covered-in-full.**
- **FRAMES (ONCE EVERY 12 or 24 MONTHS)**
- 'Selection' frames – Over 27,000 on the marketplace – **covered-in-full.**



Savings Illustration	Avg. Retail	AVS Member
Eye Exam	\$ 60.00	\$10.00 Co-payment
Single Vision Lenses	\$ 79.00	\$ 0.00
Frame @ \$150.00	\$150.00 ¹	\$ 9.00
Scratch Guard	\$ 25.00	\$ 0.00
Materials	N/A	\$25.00 Co-payment
Total Cost	\$314.00	\$44.00

SAVINGS → **\$270.00**

¹Independent Provider – frame with wholesale cost of \$59, member pays \$9.00. Savings will vary by provider and materials chosen. Illustration based on one member.

FRAME BENEFIT DESCRIPTION

Private Practice Providers – Members receive a \$50 *wholesale allowance*, which applies towards the *wholesale* cost of the chosen frame. For example, if a frame with a \$150 retail cost has a \$49.00 wholesale cost – **covered-in-full.** If wholesale cost exceeds \$50, member only pays the difference. Retail prices will vary by provider.

Retail Chain Providers – Members receive a minimum \$130 retail frame allowance, which is applied towards the cost of the frame at its' retail price. Example: \$130 frame – **covered-in-full.** If > \$130 retail cost, member only pays difference.



PATIENT OPTIONS – including progressive lenses, tints, frame above allowance, etc. are available at preferred pricing, which is typically 20%-40% less than retail. Co-payments and non-covered options are paid to provider at point-of-sale.



CONTACT LENSES (ONCE EVERY 12 MONTHS) – 'Selection' Contacts – AVS members may choose from a variety of top leading contact lenses, including both soft contact lenses and disposable contact lenses. The 'Selection' contacts benefit includes:

- Contact Lenses – 4 boxes/12 pairs for disposables – **covered-in-full.** (Wal-Mart 'Selection' contacts include all contacts priced at \$72 or less)
- Fitting/Evaluation & Up to 2 Follow-up Visits – **covered-in-full.**
- Non-Selection Contacts – member receives a \$105 allowance towards the cost of contacts, fitting/evaluation and any follow up visits.

USING YOUR VISION BENEFITS – Your level of savings will vary by provider type, provider pricing and materials/options chosen.

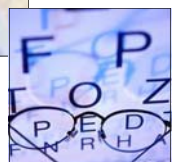
- STEP 1** – Locate a convenient provider – Call Spectera's IVR system @ 1.800.839.3242, or visit www.spectera.com (Provider Locator).
- STEP 2** – Schedule an appointment – Identify yourself as an AVS member with Spectera coverage (provide SS# and date of birth).
- STEP 3** – Visit your chosen Network Provider – Receive Eye Examination – Consult with your Provider on selection and options available.
- STEP 4** – Select frames or contacts (prescription required). Your Provider will notify you when your order arrives. Eyewear is dispensed at the Providers' location to ensure optical accuracy and proper fit.

SPECTERA CUSTOMER SERVICE: 1.800.638.3120 (7:00 AM - 7:00 PM CST)
Identify yourself as an **American Vision Source** member when calling.

BENEFITS AT A NON-NETWORK PROVIDER

SERVICE	AMOUNT	SERVICE	AMOUNT
Exam	Up to \$40	Lenticular Lenses	Up to \$80
Single Vision Lenses	Up to \$40	Frame	Up to \$45
Bifocal Lenses	Up to \$60	Elective Contacts	Up to \$105
Trifocal Lenses	Up to \$80	Medically Necessary	Up to \$210

For reimbursement of *non-network* services and materials, receipts should be mailed to: . SPECTERA - Claims Dept., 2811 Lord Baltimore Dr., Baltimore, MD 21244





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Frequency:	12/12/12	12/12/24
Exam:	Once Every 12 Months	Once Every 12 Months
Lenses:	Once Every 12 Months	Once Every 12 Months
Frames:	Once Every 12 Months	Once Every 24 Months

VOLUNTARY

Monthly Premiums - 3 Tier (24 Month Rate Guarantee)

Frequency Employee Only Employee + 1 Dependent Employee + 2 or more Funding	12/12/12	12/12/24
	\$10.85	\$ 9.35
	\$19.65	\$15.60
	\$26.70	\$23.90
	Voluntary	Voluntary

Monthly Premiums - 4 Tier (24 Month Rate Guarantee)

Frequency Employee Only Employee + Spouse Employee + Child(ren) Employee + Family Funding	12/12/12	12/12/24
	\$10.85	\$ 9.35
	\$21.20	\$16.20
	\$22.45	\$16.95
	\$26.70	\$23.90
Voluntary	Voluntary	

PARTIAL EMPLOYER PAID

Monthly Premiums - 3 Tier (24 Month Rate Guarantee)

Frequency Employee Only Employee + 1 Dependent Employee + 2 or more Funding	12/12/12	12/12/24
	\$ 9.20	\$ 8.40
	\$18.75	\$14.35
	\$25.50	\$23.00
	Partial Employer Paid	Partial Employer Paid

Monthly Premiums - 4 Tier (24 Month Rate Guarantee)

Frequency Employee Only Employee + Spouse Employee + Child(ren) Employee + Family Funding	12/12/12	12/12/24
	\$ 9.20	\$ 8.40
	\$19.70	\$15.10
	\$20.50	\$15.75
	\$25.50	\$23.00
Partial Employer Paid	Partial Employer Paid	

Partial Employer Paid - Employee coverage paid by employer (100% EE participation required), dependent coverage on a voluntary basis.



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Provider Network

National Provider Network includes BOTH independent providers and retail chain providers.

- INDEPENDENT 'PRIVATE PRACTICE' PROVIDERS
• EYEMASTERS (Eye Care Centers of America and affiliated stores)
• WAL-MART VISION CENTERS / Sam's Club Optical
• NATIONAL / REGIONAL RETAIL CHAIN OPTICAL PROVIDERS



Participating providers (both independent 'private practice' and retail chains) will vary based on location (city and related zip code).



Call 1.800.839.3242 or visit www.spectera.com for updated information on network providers.



The power of sight, savings and choice. Quality Eye Care. Quality Eyewear.



Network Savings Illustration - 2 Members

Table with 3 columns: Savings Illustration, Avg. Retail, AVS Member. Rows include Eye Exam, Lenses, Frames, Scratch Guard, Materials Co-payment, Annual Premium, and Total Cost. Total savings shown as \$287.57.

American Vision Source
Boon Chapman Benefit Administrators
P.O. Box 9201
Austin, TX 78766
800/252-9653, ext. 7172



American Vision Source (AVS) member benefits are administered by Spectera, Inc. The program is underwritten by UnitedHealth Group. Client billing and eligibility is administered by Boon-Chapman Benefit Administrators.