



INDIANA | KENTUCKY

Vision Care Plus Shelf Rates

*(For effective dates of January 1, 2014
through December 1, 2014)
Vision Plan Options*

The Dental Care Plus Group:

Corporate Office:
100 Crowne Point Place
Cincinnati, OH 45241
513-554-1100
800-367-9466

Kentucky Regional Office:
310 West Liberty Street
Suite 300
Louisville, KY 40202
800-367-9466

Central Ohio Office:
6065 Frantz Road
Suite 103
Dublin, OH 43017
800-367-9466

Vision Care
PLUS
The plus is service.

Insured benefits are underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO. Policy #: VC-76, M-9059

Vision Care Plus

Brought to you by The Dental Care Plus Group in partnership with Avësis Third Party Administrators, Inc.

Indiana | Kentucky

**For Effective Dates of
1/1/2014 to 12/1/2014**

| | Enhanced Plan | | Plus Plan | |
|--------------------------------|---|-----------------------------------|--|-----------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Frequency¹ | | | | |
| Vision Exam | 12 Months | 12 Months | 12 Months | 12 Months |
| Standard Lenses | 12 Months | 12 Months | 12 Months | 12 Months |
| Frame | 24 Months | 24 Months | 24 Months | 24 Months |
| Contact Lenses | 12 Months | 12 Months | 12 Months | 12 Months |
| Eye Examination | Covered in full after co-pay | Up to \$35 | Covered in full after co-pay | Up to \$35 |
| Spectacle Lenses (pair) | | | | |
| Standard Single Vision | Covered in full after co-pay | Up to \$25 | Covered in full after co-pay | Up to \$25 |
| Standard Bifocal | Covered in full after co-pay | Up to \$40 | Covered in full after co-pay | Up to \$40 |
| Standard Trifocal | Covered in full after co-pay | Up to \$50 | Covered in full after co-pay | Up to \$50 |
| Standard Lenticular | Covered in full after co-pay | Up to \$80 | Covered in full after co-pay | Up to \$80 |
| Progressives | 20% off U&C, plus a \$50 allowance | Up to \$40 | 20% off U&C, plus a \$50 allowance | Up to \$40 |
| Lens Options* | Preferred pricing (20% off retail) | N/A | Preferred pricing (20% off retail) | N/A |
| Frame | \$35 wholesale allowance (approx. retail: \$75-\$100) ² Walmart: \$52 retail | Up to \$45 | \$50 wholesale allowance (approx. retail: \$100-\$150) ² Walmart: \$68 retail | Up to \$45 |
| Contact Lenses* | After 20% discount, 10% for disposable | | After 20% discount, 10% for disposable | |
| Elective | \$110 allowance | Up to \$110 | \$130 allowance | Up to \$130 |
| Medically Necessary | Covered in full | Up to \$250 | Covered in full | Up to \$250 |
| Funded LASIK | Discount plus a \$100 one-time/lifetime allowance | \$100 one-time/lifetime allowance | Discount plus a \$150 one-time/lifetime allowance | \$150 one-time/lifetime allowance |

| | Enhanced Plan | | Plus Plan | |
|--|---------------|---------------|-----------|---------------|
| | Voluntary | Employer-Paid | Voluntary | Employer-Paid |
| Co-Pay³ - Exam/Materials | \$10/\$10 | | \$10/\$10 | |
| Employee-Only | \$7.72 | \$6.43 | \$8.26 | \$7.12 |
| Employee-Spouse | \$14.58 | \$12.16 | \$17.79 | \$13.45 |
| Employee-Child(ren) | \$15.89 | \$13.25 | \$19.39 | \$14.66 |
| Family | \$20.44 | \$17.04 | \$24.47 | \$18.85 |
| Co-Pay³ - Exam/Materials | \$10/\$25 | | \$10/\$25 | |
| Employee-Only | \$6.87 | \$5.79 | \$7.95 | \$6.60 |
| Employee-Spouse | \$12.99 | \$10.95 | \$16.49 | \$12.47 |
| Employee-Child(ren) | \$14.16 | \$11.93 | \$17.98 | \$13.60 |
| Family | \$18.21 | \$15.35 | \$23.13 | \$17.49 |

¹ Avesis frequency is based on plan year, not service year. ² Values provided may be more or less depending on the provider's retail pricing. ³ Avesis co-pays do not apply to any contact lens benefit, out-of-network benefit or Lasik Surgery Benefit.

*Additional discounts are not insured benefits.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics or vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pairs of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear; 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

Notes and Disclaimers: The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Laser vision correction is considered refractive surgery, an elective procedure, and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Termination Provisions: Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Note: Groups that are current DCPG clients, that have terminated coverage or choose to terminate coverage with DCPG moving forward are not eligible for the New Sale Shelf Rates for two years from the date of termination. Please contact your DCPG sales representative for pricing during this two-year period.

**Please contact your DCPG sales representative at 800-367-9466
or visit www.DentalCarePlus.com/Vision for more information.**

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