



## East Baton Rouge Parish School Board AlwaysVision<sup>SM</sup>

Thank you for considering the AlwaysVision<sup>SM</sup> insurance program! This plan's benefits are among the best in the industry. This program allows you to access benefits at a nationwide network including Wal-Mart vision centers, as well as independent optometrists, ophthalmologists, and retail chains.

**Why should you enroll?** You receive a vision exam and eye glass lenses every 12 months, and eye glass frames every 12 months. As an alternative to eye glasses, they may choose elective contacts annually. You receive your exam benefit at participating providers for a small \$10.00 co-pay and materials at no co-pay when you visit Wal-Mart Vision Centers and \$15.00 at other participating providers.

### Vision Benefit Summary (Comprehensive Plan)

Vision Care Services	Wal-Mart Vision Centers	Participating Optometrists, Ophthalmologists, & Retail Outlets	Out-of-Network Allowance
<b>Exam</b>	\$10 Co-pay	\$10 Co-pay	Up to \$30
<b>Materials</b>	\$0 Co-pay	\$15 Co-pay	See below
<b>Standard Plastic Lenses:</b>			
Single Vision	Covered	Covered by Co-pay	Up to \$25
Bifocal	Covered	Covered by Co-pay	Up to \$40
Trifocal	Covered	Covered by Co-pay	Up to \$50
Lenticular	\$80 allowance	\$80 allowance	Up to \$50
Progressive	\$70 allowance	\$70 allowance	Up to \$40
<b>Lens Options:</b>			
Scratch resistant coating	Covered	N/A	N/A
Polycarbonate Lenses for children	Covered	N/A	N/A
<b>Frames:</b>			
Members choose from any frame available at provider locations.	No Co-pay Up to \$74 retail allowance, depending on plan selected. \$74 covers two-thirds of frames available at Wal-Mart.	\$100 retail frame (retail amount may vary at some providers). Covers a wide selection of frames.	Up to \$40 retail
<b>Contact Lenses: (Includes fit, follow-up and materials)</b>	No Co-pay		
Elective	Up to \$130 retail	Up to \$130 retail	Up to \$130 retail
Medically Necessary	Up to \$210 retail	Up to \$210 retail	Up to \$210 retail

**Frequency**

Examination	Once every 12 Months
Spectacle Lenses	Once every 12 Months
Frames	Once every 12 Months
Contact Lenses	Once every 12 Months

**Monthly Premiums:**

Employee Only	\$ 8.74
Employee & Spouse	\$18.72
Employee & Child(ren)	\$14.11
Employee & Family	\$25.69

## **Other AlwaysVision<sup>SM</sup> Specifications**

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, ext 2013.

**Services Not Listed:** If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-729-5433, ext 2013 to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

### **This plan will not cover:**

- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);
- Sub-normal vision aids;
- Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

### **Laser Vision Correction Network**

Membership provides access to preferred pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. **This is not an insured benefit.** AlwaysCare Benefits, Inc. cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) for a list of participating laser vision correction providers.

**Underwritten by: Starmount Life Insurance Company**

**Administered by: AlwaysCare Benefits, Inc.**

( a Starmount Life Insurance company),

The Starmount Building,

7800 Office Park Blvd, Baton Rouge, LA 70809;

PH: 1-888-729-5433, ext 2013.

Policy Form: Vision – NVIGRP2002.

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This brochure is a brief overview of the AlwaysVision<sup>SM</sup> plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.