

**EyeMed New Jersey Small Group Rates & Plan Comparison**

|  | EyeMed Vision Care<br>Low Option                               |   |                       |   | EyeMed Vision Care<br>Medium Option                  |  |                               |   | EyeMed Vision Care<br>High Option                      |  |                       |   |         |         |         |
|--|--|---|-----------------------|---|--|--|-------------------------------|---|--|--|-----------------------|---|---------|---------|---------|
| <b>FULLY INSURED</b>                                     | <b>Option #1 - \$10/\$25 , 12-12-24 , \$100 Frame/\$115 CL</b> |   |                       |   | <b>Option #2 10/25 12-12-24 \$120 Frame/\$135 CL</b> |  |                               |   | <b>Option #3 - 10/10 12-12-12 \$140 Frame/\$155 CL</b> |  |                       |   |         |         |         |
| <b>MANAGED VISION CARE PLAN</b>                          | <b>Member Cost</b>   |   |                       |   | <b>Member Cost</b>                                   |  |                               |   | <b>Member Cost</b>                                     |  |                       |   |         |         |         |
|  | <b>In-Network</b>  |   | <b>Out-of-Network</b> |   | <b>In-Network</b>                                    |  | <b>Out-of-Network</b>         |   | <b>In-Network</b>                                      |  | <b>Out-of-Network</b> |   |         |         |         |
| <b>Utilization Frequencies:</b>                          |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| Examinations   |  |   | Once per 12 months    |   |  |  | Once per 12 months            |   |  |  |                       | Once per 12 months                          |         |         |         |
| Lenses or Contact Lenses                                 |  |   | Once per 12 months    |   |  |  | Once per 12 months            |   |  |  |                       | Once per 12 months                          |         |         |         |
| Frames   |  |   | Once per 24 months    |   |  |  | Once per 24 months            |   |  |  |                       | Once per 12 months                          |         |         |         |
| <b>Benefits:</b>   |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| <b>Exam with Dilatation as Necessary:</b>                |  | \$10 copay  |                       | Up to \$35                                  |  | \$10 copay   |                               | Up to \$35                                  |  | \$10 copay   |                       | Up to \$35                                  |         |         |         |
| <b>Contact Lens Exam Options:</b>                        |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| Standard Contact Lens Fit & Follow Up                    |  | Up to \$40  |                       | N/A   |  | Up to \$40   |                               | N/A   |  | Up to \$40   |                       | N/A   |         |         |         |
| Premium Contact Lens Fit & Follow Up                     |  | 10% off Retail  |                       | N/A   |  | 10% off Retail   |                               | N/A   |  | 10% off Retail   |                       | N/A   |         |         |         |
| <b>Frames - Any available frame at provider location</b> |  | No copay, \$100 allowance, 20% off balance over \$100   |                       | Up to \$50                                  |  | No copay, \$120 allowance, 20% off balance over \$120  |                               | Up to \$60                                  |  | No copay, \$140 allowance, 20% off balance over \$140  |                       | Up to \$70                                  |         |         |         |
| <b>Standard Plastic Lenses:</b>                          |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| Single Vision  |  | \$25 copay  |                       | Up to \$35                                  |  | \$25 copay   |                               | Up to \$35                                  |  | \$10 copay   |                       | Up to \$35                                  |         |         |         |
| Bifocal  |  | \$25 copay  |                       | Up to \$49                                  |  | \$25 copay   |                               | Up to \$49                                  |  | \$10 copay   |                       | Up to \$49                                  |         |         |         |
| Trifocal   |  | \$25 copay  |                       | Up to \$74                                  |  | \$25 copay   |                               | Up to \$74                                  |  | \$10 copay   |                       | Up to \$74                                  |         |         |         |
| Standard Progressive (Add-on to Bifocal)                 |  | \$25, 20% off retail price less \$55 allowance  |                       | Same as Bifocal                             |  | \$25, 20% off retail price less \$55 allowance   |                               | Same as Bifocal                             |  | \$10 co-pay  |                       | Up to \$95                                  |         |         |         |
| Lenticular Lenses  |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| <b>Lens Options:</b>                                     |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| Tint (solid and Gradient)                                |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| UV Coating   |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| Standard Scratch-Resistance                              |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| Standard Polycarbonate                                   |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | Paid in Full   |                       | Up to 32                                    |         |         |         |
| Standard Anti-Reflective                                 |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| Other Add-Ons and Services                               |  | 20% off Retail  |                       | N/A   |  | 20% off Retail   |                               | N/A   |  | 20% off Retail   |                       | N/A   |         |         |         |
| <b>Contact Lenses:</b>                                   |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
| Conventional   |  | \$115 Retail Allowance, 15% off balance over \$115  |                       | Up to \$92                                  |  | \$135 Retail Allowance, 15% off balance over \$135   |                               | Up to \$108                                 |  | \$155 Retail Allowance, 15% off balance over \$155   |                       | Up to \$124                                 |         |         |         |
| Disposable   |  | \$115 Retail Allowance  |                       | Up to \$92                                  |  | \$135 Retail Allowance   |                               | Up to \$108                                 |  | \$155 Retail Allowance   |                       | Up to \$124                                 |         |         |         |
| Medically Necessary                                      |  | Paid in Full  |                       | Up to \$200                                 |  | Paid in Full   |                               | Up to \$200                                 |  | Paid in Full   |                       | Up to \$200                                 |         |         |         |
| <b>Additional Discounts:</b>                             |  | 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses  |                       | N/A   |  | 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses |                               | N/A   |  | 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses |                       | N/A   |         |         |         |
| <b>LASIK and PRK Vision Correction:</b>                  |  | 15% off retail price OR 5% off promotional price  |                       | N/A   |  | 15% off retail price OR 5% off promotional price   |                               | N/A   |  | 15% off retail price OR 5% off promotional price   |                       | N/A   |         |         |         |
| <b>Rates:</b>  |  |   |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |
|  |  | <b>Employer Paid/Bundled<br/>3 Tier/4 Tier</b>  |                       | <b>100% Employee Paid<br/>3 Tier/4 Tier</b> |  | <b>Employer Paid/Bundled<br/>3 Tier/4 Tier</b>   |                               | <b>100% Employee Paid<br/>3 Tier/4 Tier</b> |  | <b>Employer Paid/Bundled<br/>3 Tier/4 Tier</b>   |                       | <b>100% Employee Paid<br/>3 Tier/4 Tier</b> |         |         |         |
| Employee Only  |  | \$4.20  | \$4.20                | \$5.00                                      | \$5.00   |  | \$4.64                        | \$4.64                                      | \$5.80   | \$5.80   |                       | \$7.20                                      | \$7.20  | \$8.88  | \$8.88  |
| Employee + Spouse/Employee + 1                           |  | \$8.00  | \$8.00                | \$9.48                                      | \$9.48   |  | \$8.80                        | \$8.80                                      | \$11.04  | \$11.04  |                       | \$13.68                                     | \$13.68 | \$16.84 | \$16.84 |
| Employee + Child/Children                                |  | -   | \$8.40                | -   | \$9.96   |  | -                             | \$9.28                                      | -  | \$11.60  |                       | -   | \$14.40 | -       | \$17.76 |
| Employee + Family  |  | \$11.72   | \$12.36               | \$13.88                                     | \$14.64  |  | \$12.88                       | \$13.64                                     | \$16.20  | \$17.08  |                       | \$20.08                                     | \$21.16 | \$24.76 | \$26.08 |
| <b>Rates Assume:</b>                                     |  | 10 to 1000 Eligible Employees   |                       |   |  |  | 10 to 1000 Eligible Employees |   |  |  |                       | 10 to 1000 Eligible Employees               |         |         |         |
| <b>Contract Term/Rate Guarantee:</b>                     |  | <b>48 Months</b>  |                       |   |  |  | <b>48 Months</b>              |   |  |  |                       | <b>48 Months</b>                            |         |         |         |
| <b>Commission Level:</b>                                 |  | 10% Commission  |                       |   |  |  | 10% Commission                |   |  |  |                       | 10% Commission                              |         |         |         |
| <b>Provider Network:</b>                                 |  | Access to one of the largest network including thousands of providers nationwide. Providers include ophthalmologists, optometrists, and optical retailers such as: LensCrafters, Sears Optical, Most Pearle Vision, Target Optical and others. Many retail and select independent providers offer evening and weekend hours as well as on-site labs with same day service on most material purchases. |                       |   |  |  |                               |   |  |  |                       |   |         |         |         |

**Please Note:** Mixed contribution rates are available via EyeMed's website, where the employer pays 100% for employee and 0% for dependents (or 50% each), with no tie to medical or dental plan enrollment.

Given 30 days plan-sold notification received by EyeMed, the above rates are valid through 7/1/2007. EyeMed Sales Representatives require at least 30 days prior to implementation/plan start to begin the implementation process.

EyeMed Vision Care requires 10 employees be enrolled and maintained on the plan for rates to be valid.

The above summary is provided as a service to assist with analysis of vision benefits. This is not a contract but a comparison of benefits. Where discrepancies may occur, the official EyeMed proposed plan summary and the insurance policy including plan provisions, limitations, and exclusions will control. Insured plans are underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri except in New York. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9004.

Limitations and exclusions apply as set forth in the applicable Certificate of Insurance.



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