



Setting the Standard for...

- ⇒ QUALITY
- ⇒ VALUE
- ⇒ SAVINGS
- ⇒ PREVENTION

The Need For Eye Care:

Regular vision care is an important component to our overall health and wellness. With over 60% of all Americans requiring some form of visual correction and over 1,000,000 new cases of blindness each year, eye care is no longer an option. An "eye physical" is often the only health care access for many individuals; making this less aversive doctor visit even more relevant to the maintenance of good health.

OptiCare Vision Plans Offer:

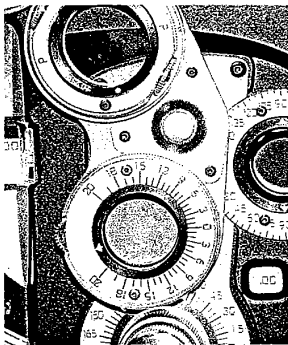
Eye Health and Prevention: Regular eye exams can detect vision correction needs, including computer vision syndrome. A comprehensive exam can also detect other vision conditions such as cataracts, glaucoma, macular degeneration as well as an assortment of medical conditions, including the early symptoms of diabetes, MS and high blood pressure.

Substantial Savings: Enjoy savings on frames, lenses, lens options, contact lenses and laser vision correction with low out-of-pocket costs.

Simplicity: OptiCare benefits are simple and easy to use with no claim forms to complete for in-network services. Just call the doctor of your choice and make an appointment that fits your schedule.

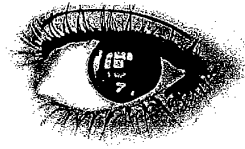
Accessible Customer Service: Customer Service Representatives are available toll-free daily, including evenings, to answer your questions. Web based access to benefits, provider directories and other services is available 24/7.

Convenience: All optical retailers and many independent providers on the OptiCare network are open evenings and weekends to accommodate busy lifestyles.



Product Selection: OptiCare Vision Plans do not designate a predetermined set of frames or lenses; members are free to choose from any frame or brand of contact lenses available at the provider location including designer frames.

Choice of Provider: Choose from dozens of providers in your area or from thousands of providers nationwide, including independent optometrists, ophthalmologists and opticians and many optical retailers.



VISION
SOLUTIONS

OptiCare Vision Plan-Benefit Summary-City of Sarasota

OptiCare's extensive provider panels are contracted to provide substantial discounts for optical products and services. No paperwork is required when utilizing in-network providers. Out-of-network benefits are available at reduced benefit levels.

Member Benefits Include:

- **Vision Exam** comprehensive eye exam from our network of opticians, optometrists & ophthalmologists at independent and retail locations.
- **Frames** any frame up to the retail allowance and if the frame exceeds plan limits, one simply pays the difference less a 20% discount.
- **Lenses** plastic single vision, flat top bifocal, and flat top trifocal lenses are covered in full. Lens upgrades are available at deep discounts.
- **Elective Contact Lenses** In lieu of spectacles, benefits may be used for the fitting, follow-up and/or purchase of contact lenses.
- **Medically Necessary Contact Lenses** Covered in full, in lieu of spectacles.
- **LASIK Surgery** 15% off LASIK procedures via **LasikPlus** Vision Centers – www.lasikplus.com/opticare/opticare.html or 866-293-1414.
- **1st Pair Discounts** 20% off usual & customary hardware fees over and above plan allowance on first pair of eyeglasses and contacts.
- **2nd Pair Discounts** 30% off frames & lenses, 25% off sunglasses & 20% off contact lenses for additional pairs of eyeglasses and contacts.
- **Online Discounts** on contacts, sunglasses and spectacles are available to OptiCare members at <http://opticare.framesdirect.com/>.

Voluntary Participation	
Tier	Monthly Rate
Employee Only	\$6.29
Employee + Family	\$15.12

Re: City of Sarasota	
Plan Frequencies	Exam: every 12 months
	Lenses: every 12 months
	Frames: every 24 months
	Contacts: every 12 months

Copay: Exam \$10.00 / Hardware \$20.00

Utilizing Your Benefits

- Locate a network provider by calling (877) 615-7732 or visiting www.myvisionplan.com.
- Make an appointment with an OptiCare provider and provide your OptiCare Member ID.
- The OptiCare network provider takes care of the rest.

Member Maximum Ophthalmic Lens Add-On Liabilities (per pair)	
Polycarbonate (V2784)	\$ 35.00
UV Treatment (V2755)	\$ 15.00
Progressive Lens (V2781)	\$ 85.00
High Index (V2782, V2783)	\$ 50.00
Photochromatic / Transition (V2744)	\$ 40.00
Scratch Resistance (V2760)	\$15.00
Anti-Reflective Treatment (V2750)	\$ 40.00
Tint (Solid or Gradient) (V2745)	\$ 15.00

80% of Usual and Customary for miscellaneous add-ons.

Benefits	Network Doctor (after copay)	Non-Network (copays apply)
Eye Exam	Paid in Full	Up to \$38.50
Lenses (per pair)		
Single	Paid in full	\$37.50
Bifocal	Paid in full	\$55.00
Trifocal	Paid in full	\$90.00
Lenticular	Paid in full	\$90.00
Contact Lenses		
Fitting, follow-up & lenses (in lieu of spectacles)	\$125.00	\$87.50
Frame - Retail Value	\$125.00	\$87.50
LASIK	15% off at LasikPlus	No benefit

Limitations

Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the Covered Person to the provider. Such fees or materials are not covered under this policy. **Most providers do not allow insurance to be combined with other discounts, specials or other insurance plans.**

Exclusions

- No benefits will be paid for services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye(s) or supporting structures.
- Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment.
- Services provided as a result of Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state or subdivisions thereof.
- Plano (non-prescription) lenses, non-prescription sunglasses or two pair of glasses in lieu of bifocals.
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period when vision materials next become available.

FOR EMPLOYER / HR USE ONLY	
GROUP #	_____
Hire Date	_____
Effective Date	_____

FIDELITY SECURITY LIFE INSURANCE COMPANY Kansas City, Missouri
OPTICARE VISION PLANS Rocky Mount, North Carolina
Vision Care Plan Enrollment Form

Name: _____ SS#: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone #: _____ Date of Birth: _____
 E-mail address: (Optional) _____
 Employer Name: CITY OF SARASOTA

Dependent Information:

	Name	Date of Birth	Relationship
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

- I hereby certify that all information furnished is true to the best of my knowledge.
- I request group vision coverage for which I am or may become eligible
- If health care is provided by a participating provider, all benefits will be paid directly to the provider by Opticare Vision Plans
- I authorize the release of records or other information pertaining to the vision care services provided to me and my dependents covered on this form by OptiCare Vision Plans providers or other vision providers for the purpose of providing administrative services with OptiCare Vision Plans.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Signature: _____ Date: _____