

Delta Dental Premier Plans

You have the option of visiting any dentist, but if you visit a Delta Premier Dentist you'll enjoy the advantage of prenegotiated fees and convenient claims handling.

Plan Name.....	2000	Plan I	1500	Plan II	Plan III	Plan IV
Calendar Year Deductible	\$25.00	\$25.00	\$50.00	\$35.00	\$50.00	\$50.00
Preventive and Diagnostic	No deductible for items covered at 100%					
Emergency treatment for relief of pain	100%	100%	100%	80%	80%	80%
Routine Exams, Cleanings (Prophylaxis)	100%	100%	100%	80%	80%	80%
Bitewing X-rays, Full Mouth X-rays	100%	100%	100%	80%	80%	80%
Fluoride Treatment	100%	100%	100%	80%	80%	80%
Space Maintainers	100%	100%	100%	80%	80%	80%
Basic Dental Services						
Restorative - Amalgam or Synthetic Fillings	80%	80%	80%	80%	80%	80%
Sealants	80%	80%	80%	80%	80%	80%
Oral Surgery						
Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions	80%	80%	80%	80%	80%	80%
Periodontics						
Includes treatment for diseases of the gums	80%	80%	80%	80%	80%	Major Service 50%
Endodontics						
Root canals and Pulpal Therapy	80%	80%	80%	80%	80%	50%
Major Dental Services						
Subject to a 12 month waiting period (See Below)						
Restorative - Inlays, Implants and Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics - Dentures and Partial	50%	50%	50%	50%	50%	50%
Calendar Year Maximum (per Individual)	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000
RATES:						
Employee Only	\$76.90	\$71.50	\$69.00	\$60.90	\$57.60	\$45.90
Employee + one	\$146.70	\$137.30	\$132.10	\$115.80	\$109.30	\$88.10
Employee + two or more	\$215.90	\$204.50	\$196.40	\$164.40	\$152.90	\$127.80

Optional Orthodontic Benefit : Rates: EE = \$2.60 EE + 1 = \$4.20 EE + 2 or more = \$14.50

Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 per patient after a 12 month waiting period

Can the waiting period be waived?

Waiting periods do not apply for groups of 20 or more. For groups of 5 employees or more the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

What is Delta Dental Premier?

While most indemnity plans are not supported by a dental network, Delta Dental Premier is a network-based indemnity product. This means that enrollees who choose to visit a Premier network dentist will on average have lower out-of-pocket costs than with other carriers' non-network-based indemnity plans. Not only does Delta Dental Premier offer enrollees the freedom to visit any dentist, it also provides meaningful quality and cost protections. Since Delta Dental Premier dentists agree to accept fees that are generally lower than average submitted fees for an area, a Delta Dental Premier plan can potentially provide savings for both employers and employees alike. Over 92% of California and 75% of U.S. dentists are participating. Visit www.DVINS.com to search for Delta Premier Providers.

Wolfpack Insurance Services, www.DentalandVisionIns.com and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is www.DentalandVisionIns.com or www.DVIns.com. We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental. Rates shown are valid from July 1, 2010 through June 1, 2011. We have two pool renewal periods:

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

Eligibility

Employer groups must enroll two or more full-time, unrelated employees. Husband and wife employees count as one. Proof of a group medical plan is required for groups of less than 5 employees

DentalandVisionIns.com

Plan Rules

Benefit Selections

Benefits are selected by the group and not the employee. Groups of less than 10 enrolling may have a dual choice where two dental plans and/or vision plans are offered to their membership. Groups of 10 or more may offer more than two plans. Orthodontia, if selected, must be offered on all dental plans

Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

Enrollment materials are available for download at our website, www.DVIns.com.

800-296-0192, Fax: 650-591-4022

Delta Dental, Services Not Covered

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide Benefits. It is important for you to know what these services are before you visit your dentist. Delta Dental does not provide benefits for: Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia. Experimental procedures. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts"). Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues. Replacement of existing restoration for any purpose other than active tooth decay. Intravenous sedation, occlusal guards and complete occlusal adjustment. Orthodontic services (treatment of mal-alignment of teeth and/or jaws). This exclusion does not apply if the label above the wallet card indicates orthodontic benefits, then the following exclusion would apply: Charges for replacement or repair of an orthodontic appliance paid in part or in full by this plan.

Delta Dental PPO Plans

Choose a dentist from the Delta Preferred Option Network or utilize any dental provider, it's your choice

Plan Name.....	PPO 2000		Option I		Option II		Option III	
No deductible if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies to non Preventive and Diagnostic benefits.	Available to groups of 5 or more							
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive and Diagnostic								
Emergency treatment for relief of pain	100%	80%	100%	80%	100%	50%	100%	50%
Routine Exams, Cleanings (Prophylaxis)	100%	80%	100%	80%	100%	50%	100%	50%
Bitewing X-rays, Full Mouth X-rays	100%	80%	100%	80%	100%	50%	100%	50%
Fluoride Treatment	100%	80%	100%	80%	100%	50%	100%	50%
Space Maintainers	100%	80%	100%	80%	100%	50%	100%	50%
Basic Dental Services								
Restorative - Amalgam or Synthetic Fillings	80%	50%	80%	50%	80%	50%	80%	50%
Sealants	80%	50%	80%	50%	80%	50%	80%	50%
Oral Surgery								
Extractions, Impacted Teeth, Cysts and Neoplasms, Alveolar/Gingival Reconstructions	80%	50%	80%	50%	80%	50%	80%	50%
Periodontics								
Includes treatment for diseases of the gums	80%	50%	80%	50%	80%	50%	80%	50%
Endodontics								
Root canals and Pulpal Therapy	80%	50%	80%	50%	80%	50%	80%	50%
Major Dental Services								
Subject to a 12 month waiting period (See Below)								
Restorative - Inlays, Implants and Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics - Dentures and Partials	50%	50%	50%	50%	50%	50%	50%	50%
Calendar Year Maximum (per Individual)	\$2,000		\$1,500		\$1,500		\$1,000	
RATES:								
Employee Only	\$63.30		\$57.90		\$47.40		\$38.40	
Employee + one	\$120.80		\$110.90		\$93.00		\$74.40	
Employee + two or more	\$172.30		\$160.70		\$128.70		\$109.40	

Optional Orthodontic Benefit: Rates: EE = \$2.60 EE + 1 = \$4.20 EE + 2 or more = \$14.50

Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 (\$2000 max for PPO 2000) per patient after a 12 month waiting period

Can the waiting period be waived?

Waiting periods do not apply for groups of 20 or more. For groups of 5 employees or more the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.

What is Delta PPO?

Delta Dental PPO is Delta Dental's preferred provider organization program. The program provides the maximum benefit when you visit a PPO Dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Under the PPO program, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the program when you choose one of the Delta Dental PPO dental offices. 50% of California dentists are Delta Dental Preferred Providers.

To use the PPO program, just call the dental office of your choice and make an appointment. The quickest and easiest way to search for a PPO dentist in your area is to visit the Delta Dental online directory via their web site at www.deltadentalins.com or call Wolfpack Insurance Services. For a printed list please call Delta at: (800) 4-AREA-DR (800-427-3237)

Wolfpack Insurance Services, www.DentalandVisionIns.com and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is www.DentalandVisionIns.com or www.DVIns.com. We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental. Rates shown are valid from July 1, 2010 through June 1, 2011. We have two pool renewal periods:

Groups that enroll From January through June renew in January. Groups that enroll From July through December renew in July.

Eligibility

Employer groups must enroll two or more full-time, unrelated employees (Five on the PPO 2000 plan). Husband and wife employees count as one. Proof of a group medical plan is required for groups of less than 5 employees.

DentalandVisionIns.com

Plan Rules

Benefit Selections

Benefits are selected by the group and not the employee. Groups of less than 10 enrolling may have a dual choice where two dental plans and/or vision plans are offered to their membership. Groups of 10 or more may offer more than two plans. Orthodontia, if selected, must be offered on all dental plans

Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and dependent children up to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

Enrollment materials are available for download at our website, www.DVIns.com.

800-296-0192, Fax: 650-591-4022

Delta Dental, Services Not Covered

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide Benefits. It is important for you to know what these services are before you visit your dentist. Delta Dental does not provide benefits for: Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia. Experimental procedures. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts"). Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues. Replacement of existing restoration for any purpose other than active tooth decay. Intravenous sedation, occlusal guards and complete occlusal adjustment. Orthodontic services (treatment of mal-alignment of teeth and/or jaws). This exclusion does not apply if the label above the wallet card indicates orthodontic benefits, then the following exclusion would apply: Charges for replacement or repair of an orthodontic appliance paid in part or in full by this plan.

VSP[®] Vision Care Plans

Choose from 40,500 doctor access points nationwide. You pay only the selected copay for covered benefits.
You can select any eyecare doctor (see non-VSP provider benefits).

What are the Benefits?

You receive a WellVision exam, lenses, and frames according to the schedule of benefits you purchase.

Choose from several copay and frequency options:

VSP A plans have a 12-month exam, 24-month lenses, and 24-month frame frequency.

VSP B plans have a 12-month exam, 12-month lenses, and 24-month frame frequency.

VSP C plans have a 12-month exam, 12-month lenses, and 12-month frame frequency.

	Signature Plan Copay Options	EE	EE + Spouse	EE + Child(ren)	EE + Family
VSP A	\$20 Exam/\$25 Materials	\$6.40	\$10.20	\$10.40	\$16.70
	\$25.00 Copay	\$9.30	\$14.80	\$15.10	\$24.30
	\$10.00 Copay	\$9.80	\$15.70	\$16.00	\$25.80
	No Copay	\$12.70	\$20.20	\$20.60	\$33.30
VSP B	\$10 Exam/\$25 Materials	\$9.90	\$15.80	\$16.10	\$25.90
	\$25.00 Copay	\$10.60	\$16.90	\$17.20	\$27.70
	\$10.00 Copay	\$13.20	\$21.20	\$21.60	\$34.80
	No Copay	\$14.90	\$23.80	\$24.30	\$39.10
VSP C	\$10 Exam/\$25 Materials	\$11.90	\$23.80	\$25.50	\$40.70
	\$25.00 Copay	\$12.30	\$24.50	\$26.20	\$41.80
	\$10.00 Copay	\$14.00	\$28.00	\$30.00	\$47.90
	No Copay	\$15.60	\$31.20	\$33.30	\$53.20

Rates Shown are for groups effective January 1, 2010 and are valid until December 31, 2011.

VSP WellVision Exam[®]: A WellVision Exam is more than just a quick eye check. It focuses on your eye health and overall wellness. VSP doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too.

Prescription Glasses. Lenses: Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full. VSP doctors also provide cost controls for savings on lens options that average 35-40%. Dependent children of members are eligible for covered in full polycarbonate prescription lenses. You'll also receive 20% off unlimited additional pairs of prescription glasses and non-prescription sunglasses. **Frame:** When visiting a VSP doctor you'll have a \$150 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % discount on the amount over your frame allowance.

Contact Lenses: Instead of eyeglasses (lenses and frame) elective contact lens services and materials are covered in full up to \$120 toward any type of prescription contact lenses. Necessary contact lenses are covered in full for those who have specific conditions for which contact lenses provide better visual correction. New and current contact lens wearers are eligible for a covered in full contact lens evaluation and initial supply of approved lenses, including toric, multifocal, and hydrogel lenses. You'll also receive 15% off contact lens services, excluding materials. Materials may be purchased at the doctor's usual and customary fees. *Contact lens frequency is the same as lenses.*

Laser VisionCare Program: Discounts on LASIK, Custom LASIK, and PRK are available from VSP-contracted facilities. Custom LASIK uses wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses, instead of a prescription pair of glasses.

Value-Added Discounts Contact Lenses: You get 15% off your contact lens exam. **Glasses and Sunglasses:** You get an average 35-40% savings on all non-covered lens options like progressives and anti-reflective and scratch-resistant coatings. You also get 30% off additional pairs of prescription glasses and sunglasses (lenses and frame), including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. **Low Vision Benefits and Diabetic EyeCare Program** are also included. Please view a Certificate of Benefits for more details. Certificate is available for download at www.DVIns.com.

How does the plan work? Find the right VSP doctor for you. You'll find plenty to choose from at vsp.com or by calling **800-877-7195**. **Already have a VSP doctor?** At your appointment tell them you're a VSP member. **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment. That's it! VSP and the doctor handle the rest.

What if I select a non-VSP provider?

You get the best value from your benefit when you see a VSP doctor, and your satisfaction is guaranteed. If you see a non-VSP provider you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider call VSP Member Services at **800-877-7195**.

Out-of-network reimbursement amounts: Exam: \$45.00. Materials: Single-vision lenses \$45.00; Bifocal lenses \$65.00; Trifocal lenses \$85.00; Lenticular lenses \$125.00; Frame \$47.00 Contact Lenses (instead of lenses and frame; includes contact lenses, fittings, and evaluation only) Necessary: \$210.00, Elective: \$105.00

VSP Plan Limitations The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames or contacts; medical or surgical treatment; and orthoptics, vision training or supplemental testing. The following items are not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; and contact lens modification, polishing or cleaning.

DentalandVisionIns.com

Wolfpack Insurance Services 800-296-0192 FAX 650-591-4022 Lic 0814789

DentalandVisionIns.com

Wolfpack Insurance Services, Inc

Plan Rules

Wolfpack Insurance Services, www.DentalandVisionIns.com, and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our Web site address is DentalandVisionIns.com or DVIns.com.

We have established a small business group pool called the Small Business Benefit Plan Trust.

The Trust is fully insured by VSP Vision Care.

We have two pool renewal periods:

- Groups that enroll from January through June renew in January.
- Groups that enroll from July through December renew in July.

Eligibility

Employers must have two or more full-time, unrelated employees. (Husband and wife employees count as one).

Proof of a group medical plan is required for groups of less than five employees.

Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

Voluntary VSP Plans are available

Please contact us for rates on the VSP Voluntary B & C Plans. Rates can be found at DVIns.com. The voluntary rates are 16% higher than the contributory rates.

Employees

All employees of the employer who are performing active work on a full-time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

Dependents

All eligible dependents must enroll on the original effective date. Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process. Eligible dependents include legal spouse or domestic partner and unmarried children to age 26 (Eff 04-01-2010). The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc. Newborn children do not need to enroll until just before their first appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

Rates Shown are for groups effective January 1, 2010 and are valid until December 31, 2011.

Enrollment materials are available for download at our Web site, DVIns.com.

Phone: 800-296-0192 Fax: 650-591-4022

Voluntary VSP[®] Vision Care Plans

Choose from 40,500 doctor access points nationwide. You pay only the selected copay for covered benefits.

You can select any eyecare doctor (see non-VSP provider benefits).

What are the Benefits?

You receive a WellVision exam, lenses, and frames according to the schedule of benefits you purchase.

Choose from several copay and frequency options:

VSP A plans have a 12-month exam, 24-month lenses, and 24-month frame frequency.

VSP B plans have a 12-month exam, 12-month lenses, and 24-month frame frequency.

VSP C plans have a 12-month exam, 12-month lenses, and 12-month frame frequency.

	Signature Plan Copay Options	EE	EE + Spouse	EE + Child(ren)	EE + Family
VSP B	\$10 Exam/\$25 Materials	\$11.50	\$18.40	\$18.70	\$30.10
	\$25.00 Copay	\$12.30	\$19.60	\$20.00	\$32.20
	\$10.00 Copay	\$15.40	\$24.60	\$25.10	\$40.40
	No Copay	\$17.30	\$27.70	\$28.20	\$45.40
VSP C	\$10 Exam/\$25 Materials	\$13.80	\$27.70	\$29.60	\$47.30
	\$25.00 Copay	\$14.30	\$28.50	\$30.40	\$48.50
	\$10.00 Copay	\$16.30	\$32.50	\$34.80	\$55.60
	No Copay	\$18.10	\$36.20	\$38.70	\$61.80

Rates Shown are for groups effective January 1, 2010 and are valid until December 31, 2011.

VSP WellVision Exam[®]:

A WellVision Exam is more than just a quick eye check. It focuses on your eye health and overall wellness. VSP doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too.

Prescription Glasses

Lenses: Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are covered in full. VSP doctors also provide cost controls for savings on lens options that average 35-40%. Dependent children of members are eligible for covered in full polycarbonate prescription lenses. You'll also receive 20% off unlimited additional pairs of prescription glasses and non-prescription sunglasses.

Frame: When visiting a VSP doctor you'll have a \$150 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % discount on the amount over your frame allowance.

Contact Lenses: Instead of eyeglasses (lenses and frame) elective contact lens services and materials are covered in full up to \$120 toward any type of prescription contact lenses. Necessary contact lenses are covered in full for those who have specific conditions for which contact lenses provide better visual correction. New and current contact lens wearers are eligible for a covered in full contact lens evaluation and initial supply of approved lenses, including toric, multifocal, and hydrogel lenses. You'll also receive 15% off contact lens services, excluding materials. Materials may be purchased at the doctor's usual and customary fees. *Contact lens frequency is the same as lenses.*

Laser VisionCare Program: Discounts on LASIK, Custom LASIK, and PRK are available from VSP-contracted facilities. Custom LASIK uses wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Members who've had PRK, LASIK, or Custom LASIK vision correction surgery can use their frame benefit for sunglasses instead of a prescription pair of glasses.

Value-Added Discounts Contact Lenses: You get 15% off your contact lens exam. **Glasses and Sunglasses:** You get an average 35-40% savings on all non-covered lens options like progressives and anti-reflective and scratch-resistant coatings. You also get 30% off additional pairs of prescription glasses and sunglasses (lenses and frame), including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. **Low Vision Benefits and Diabetic EyeCare Program** are also included. Please view a Certificate of Benefits for more details. Certificate is available for download at www.DVIns.com.

How does the plan work? Find the right VSP doctor for you. You'll find plenty to choose from at vsp.com or by calling **800-877-7195**. **Already have a VSP doctor?** At your appointment tell them you're a VSP member. **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment. That's it! VSP and the doctor handle the rest.

What if I select a non-VSP provider?

You get the best value from your benefit when you see a VSP doctor, and your satisfaction is guaranteed. If you see a non-VSP provider you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider call VSP Member Services at **800-877-7195**.

Out-of-network reimbursement amounts: Exam: \$45.00. Materials: Single-vision lenses \$45.00; Bifocal lenses \$65.00; Trifocal lenses \$85.00; Lenticular lenses \$125.00; Frame \$47.00 Contact Lenses (instead of lenses and frame; includes contact lenses, fittings, and evaluation only) Necessary: \$210.00, Elective: \$105.00

VSP Plan Limitations The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames or contacts; medical or surgical treatment; and orthoptics, vision training or supplemental testing. The following items are not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; and contact lens modification, polishing or cleaning.

Dental and Vision Ins.com

Wolfpack Insurance Services 800-296-0192 FAX 650-591-4022 Lic 0814789

DentalandVisionIns.com

Wolfpack Insurance Services, Inc

Plan Rules

Wolfpack Insurance Services, www.DentalandVisionIns.com, and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our Web site address is DentalandVisionIns.com or DVIns.com.

We have established a small business group pool called the Small Business Benefit Plan Trust.

The Trust is fully insured by VSP Vision Care.

We have two pool renewal periods:

- Groups that enroll from January through June renew in January.
- Groups that enroll from July through December renew in July.

Eligibility

Employers must have two or more full-time, unrelated employees. (Husband and wife employees count as one).

Proof of a group medical plan is required for groups of less than five employees.

Contribution/Participation – This presentation is for the Voluntary VSP Plans.

Voluntary VSP plan groups must enroll and keep at least two unrelated employees enrolled in the plan.

We also offer contributory VSP plans. The contributory plan rates are lower than the voluntary plan rates.

For the contributory plans, the employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium. Contributory rates can be found at DVIns.com.

Employees

All employees of the employer who are performing active work on a full-time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

Dependents

All eligible dependents must enroll on the original effective date. Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process. Eligible dependents include legal spouse or domestic partner and unmarried children to age 26 (Eff 04-01-2010). The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc. Newborn children do not need to enroll until just before their first appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

Effective date

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

Rates Shown are for groups effective January 1, 2010 and are valid until December 31, 2011.

Enrollment materials are available for download at our Web site, DVIns.com.

Phone: 800-296-0192 Fax: 650-591-4022