

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.

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

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