

Vision Service Plans - Voluntary

Over 22,800 participating providers nationwide. You pay only the selected co-payment for covered benefits.
You can choose any provider of vision care (see non-participating provider benefits).

What are the Benefits?

You receive an Eye examination, Lenses and Frames according to the schedule of benefits you purchase.
Choose from several co-payments and waiting period options:

VSP A plans are not available on a voluntary basis.

VSP B plans have a 12 month Exam, 12 month Lenses and 24 month Frame waiting period.

VSP C plans have a 12 month Exam, 12 month Lenses and 12 month Frame waiting period.

Rates Shown are valid until 12-31-2009 (The waiting period is from your last date of service)

	Co-payment 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 Co-payment	\$12.30	\$19.60	\$20.00	\$32.20
	\$10.00 Co-payment	\$15.40	\$24.60	\$25.10	\$40.40
	No Co-payment	\$17.30	\$27.70	\$28.20	\$45.40
VSP C	\$10 Exam/ \$25 Materials	\$13.80	\$27.70	\$29.60	\$47.30
	\$25.00 Co-payment	\$14.30	\$28.50	\$30.40	\$48.50
	\$10.00 Co-payment	\$16.30	\$32.50	\$34.80	\$55.60
	No Co-payment	\$18.10	\$36.20	\$38.70	\$61.80

Spectacle Lenses and Frame: The member doctor will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses. VSP also has controlled costs for cosmetic options, and these charges are typically less than usual and customary fees. Please consult your participating doctor about lens options which may be cosmetic in nature and may result in additional costs. VSP provides a \$130 allowance toward a new frame. If you choose a frame valued at more than the plan's allowance, you will receive a 20 percent discount on the amount over your frame allowance.

Contact lenses: Elective and Medically necessary contact lenses may be provided instead of glasses. Elective contact lenses: The standard eye examination is covered in full, less any applicable co-payment. An in network allowance of \$120.00 will be provided toward the contact lens evaluation examination, fitting costs, and materials. Any costs exceeding the allowance are the patient's responsibility. *Contact lens frequency is the same as spectacle lenses.* VSP's additional value is also extended to include a 15% discount off the participating doctor's professional services when you purchase prescription contact lenses. Materials are provided at usual and customary fees. This benefit is available in conjunction with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses. You may use these discounts for 12 months following the date of the covered eye examination. Also, these discounts are offered through the VSP participating doctor who provided the last covered eye examination. Medically Necessary Contact Lenses: Covered in full when prescribed by a participating doctor for one of the following conditions: following cataract surgery; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. The participating doctor must secure prior approval from VSP for Medically Necessary contact lenses.

How does the plan work?

1. Ready to use the plan? Call VSP at (800) 877-7195 or visit them at VSP.com to get a list of participating providers.
2. Call the participating provider and give them your VSP member ID.
3. Go to your appointment and pay your co-payment. The participating doctor will take care of all the necessary clearances and claim forms.

What if I don't use a Participating Doctor?

More than 90% of VSP patients receive services from participating doctors, although you may select any licensed vision care provider for services. Your reimbursement schedule does not guarantee full payment, nor can VSP guarantee patient satisfaction, when services are obtained from a non-participating provider. Charges submitted to VSP for reimbursement by a non-participating provider will be reimbursed on the basis of prevailing fees, but not to exceed the following schedule of allowances subject to the selected deductible.

Professional Fees, Visual Examination up to:	\$45.00	Materials: Single Vision lenses up to:	\$45.00
Bifocal Lenses up to:	\$65.00	Trifocal Lenses up to:	\$85.00
Lenticular Lenses up to:	\$125.00	Frame	\$47.00
Contact Lenses (in lieu of all other materials, materials, fittings and evaluation only)			
Necessary, up to:	\$210.00	Elective, up to	\$105.00

V.S.P. Vision, Limitations

Options - This plan is designed to cover your visual needs rather than cosmetic materials. If you select any of the following, you will be responsible for an additional charge: Blended lenses; Contact lenses(except as noted elsewhere herein; Oversize lenses; Progressive multifocal lenses; Photochromatic or tinted lenses other than, Pink 1 or 2; Coated or laminated lenses; A frame that exceeds the plan allowance; certain limitations on low vision care; cosmetic lenses; Optional cosmetic processes; UV protected lenses. Not Covered -The following professional services or materials are not covered. Discounts may apply to some items: Orthoptics or vision training and any associated supplemental testing; Plano lenses (non-prescription); Two pair of glasses in lieu of bifocals; Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available; Medical or surgical treatment of the eyes; Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; Corrective vision services, treatments, and materials of an experimental nature.

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 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 Vision Service Plan.

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 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 5 employees.

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

Voluntary VSP plan groups must enroll and keep at least 2 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, 100% must participate if the employer contribution is 100% of the employee premium.

Contributory rates can be found at www.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, 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 19, or to age 25 if enrolled in an accredited school, college or university. 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