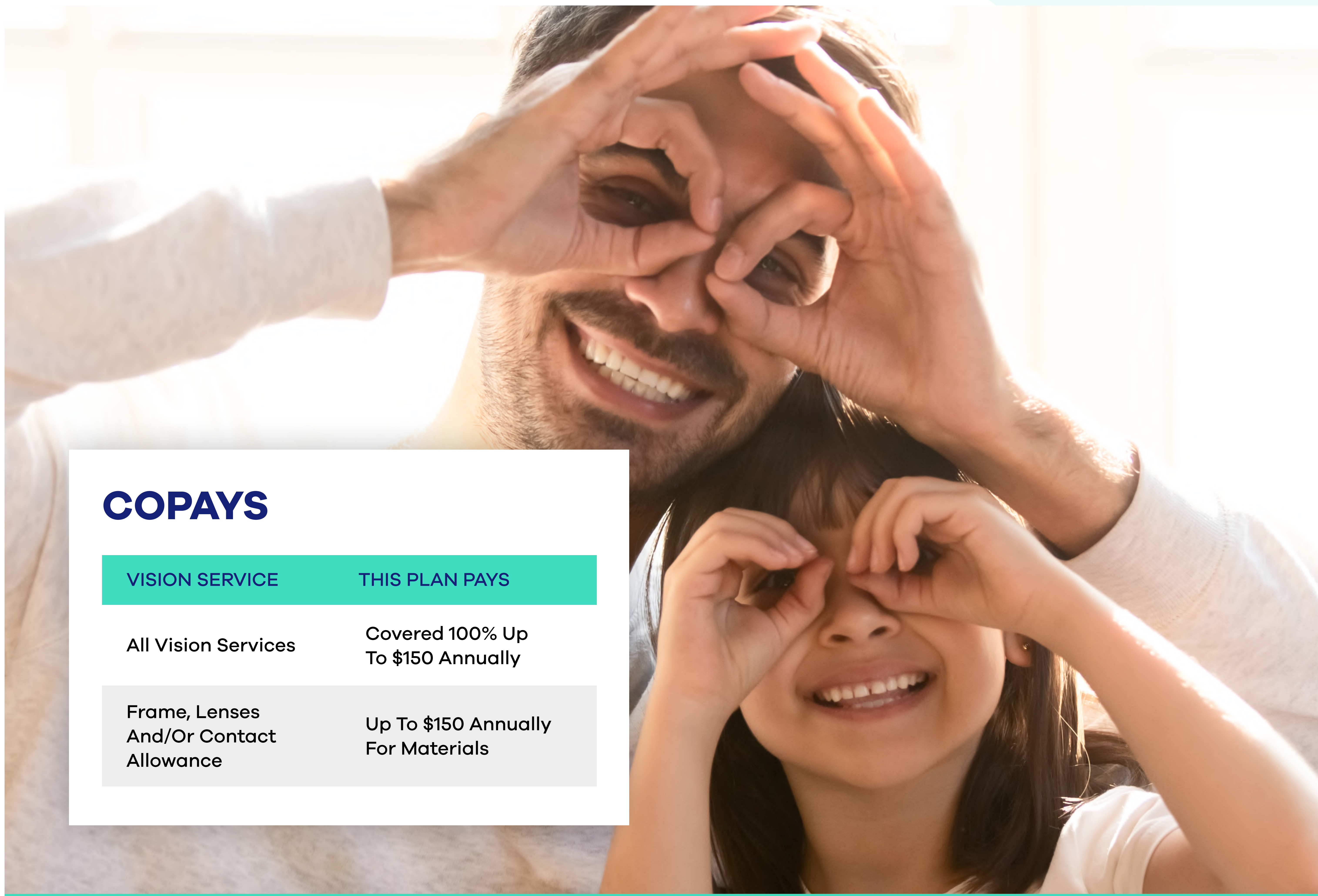


Vision Coverage

OUTLINE

Vision plan with an annual allowance for vision services and an annual allowance for frames, lenses and/or contacts.



COPAYS

| VISION SERVICE | THIS PLAN PAYS |
|--|------------------------------------|
| All Vision Services | Covered 100% Up To \$150 Annually |
| Frame, Lenses And/Or Contact Allowance | Up To \$150 Annually For Materials |

NETWORK

We will work with any licensed provider. You can choose who you would like to work with! Reimbursements for providers that do not bill the plan are also available.