

Out of Network Benefits

To realize the greatest benefit, members should use participating providers. However, members can choose to use non-Avësis providers, pay the provider in full and submit the receipts to Avësis for reimbursement up to the following fee schedule:

Examination	up to \$ 35
Single vision lenses	up to \$ 25
Bifocal lenses	up to \$ 40
Trifocal lenses	up to \$ 50
Lenticular lenses	up to \$ 80
Progressive lenses	up to \$ 40
Frames	up to \$ 45
Contact lenses	up to \$110

Underwriting Guidelines

- Minimum of 3 employees must be enrolled;
- Minimum enrollment period is one year;
- Optical industry is the only industry that is restricted from participating;
- No pre-existing exclusions;
- Rates are guaranteed for two years from the group's effective date.

Monthly Premium

Employee Only	\$ 8.92
Employee Plus One Dependent	\$13.76
Employee Plus Family	\$18.87

A \$2 monthly administration fee is included in the above rates.

January, 2003

Limitations & Exclusions

Limitations:

Vision Examination and Vision Materials - Fees charged by a Provider for services other than Vision Examination 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.

Exclusions:

No benefits will be paid for services or materials connected with or charges arising from;

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sun glasses; or
7. Two pairs 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 would next become available.

This plan is governed by M-9004, C-9004.

For more information,
contact:

Brochure Code: VAB01

This is a Benefit Summary only.
For complete information see the
Certificate of Insurance.

Products from Brokers National Life:

Dental
Vision
Short Term Disability
Term Life
Hospital Indemnity
Accidental Death & Dismemberment
Cancer

Visit us on the web at www.bnlac.com

Insured by: **Fidelity Security Life
Insurance Company**
Kansas City, Missouri 64141

Benefits Administrator and Provider Network:
Avësis Third Party Administrators, Inc.
3724 North Third Street, Suite 300
Phoenix, Arizona 85012



**BROKERS
NATIONAL**
LIFE ASSURANCE COMPANY

Offered and billed by:
Brokers National Life Assurance Company
PO Box 92529, Austin, Texas 78709-2529
Phone: (800)798-1125
Website: www.bnlac.com
E-mail: BrokersChoice@bnlac.com

BNL-ADV-AV(2006)
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Offered by:

BROKERS NATIONAL
LIFE ASSURANCE COMPANY

- 🔗 Voluntary
- 🔗 Two Year Rate Guarantee
- 🔗 National Provider Network
- 🔗 On-line Provider List

Avēsis Advantage Enhanced Vision Plan

The voluntary Avēsis Advantage Enhanced Vision Plan is brought to you by Brokers National Life Assurance Co. (BNL) and Avēsis Incorporated. Since 1978, Avēsis Incorporated (a leader in the managed vision care industry) has provided managed vision care plans for large insurance companies, HMOs, employer groups and associations throughout the United States. BNL is proud to offer our brokers and clients this exceptional product. BNL and Avēsis concentrate and focus our efforts on bringing to you and your clients:

- Excellent customer service;
- Network of highly qualified providers consisting of national and regional retail chains as well as independent optometrists and ophthalmologists;
- Website to determine plan benefits, locate providers, check eligibility and print ID cards;
- Commitment to provide the highest quality service and materials possible;
- Competitive pricing.

How to Access Benefits

Once enrolled in the vision program members only need to:

1. Call an Avēsis provider and make an appointment.
2. Provide the ID card to the provider to confirm coverage.

Claim forms are not required.

Routine Eye Examinations

Routine vision care is an important part of maintaining good health. Regular eye exams can detect a variety of serious conditions including glaucoma, cataracts, macular degeneration, ocular hypertension and diabetic retinopathy. With early detection and treatment many conditions can be corrected or minimized.

Benefits Using Network Providers

**Co-payments: \$10 toward examination
\$20 toward materials**

Frequency: **Eye exams** - every 12 months
Lenses - every 12 months
Frames - every 24 months
Contacts (no copay) - every 12 months

Eye Examination

A complete eye exam is covered, including refraction and prescription for eyeglasses, if required.

Spectacle Lenses

Benefits include standard uncoated plastic lenses (single vision, standard bifocal, standard trifocal, standard lenticular). Progressive lenses are available at 20% off the provider's usual fee minus \$50.

Frames

Allowance is up to \$35 toward the wholesale price. Comparable retail value is \$75-\$100.

Contact Lenses (in lieu of glasses)

The plan allows up to \$110 toward cosmetic contact lenses. This allowance may be applied toward disposable lenses. Medically necessary contact lenses are covered in full.

Laser Vision Correction Surgery

As a member of the voluntary Avēsis Advantage Enhanced Vision Plan, you are eligible to receive a discount on laser vision correction surgery. If you are interested in determining if you are a candidate for laser vision correction surgery or to learn more about the discount available and the providers participating in this program, call (888)314-4619.

How to Locate Participating Providers

For the Avēsis network provider locations most convenient to you, call Avēsis, Monday through Friday 7 a.m. to 5 p.m. (MST). The toll free number is (800)828-9341. Provider information is also available on the Avēsis website at www.avesis.com or you can access it from BNL's website: www.bnlac.com. The Plan number is 967.

Additional Benefits

Should you select frames that exceed the \$35 wholesale allowance, you will be charged a designated amount based on the difference between the wholesale cost of the frame and the plan's frame allowance.

Options such as special coatings, tints, etc. are available at 20% off the provider's usual fee. Additional pairs of glasses are available at provider offices upon payment of discounted fees directly to the provider. The fees are:

Single vision lenses	\$35
Bifocal lenses	\$50
Trifocal lenses	\$65
Progressive lenses	up to 20% off UCR*
Frames	up to 20% off UCR*
Contact lenses	up to 20% off UCR*
Disposable contact lenses	up to 10% off UCR*

*Usual, Customary & Reasonable



Offered by: Brokers National Life Assurance Co.
Underwritten by: Fidelity Security Life Insurance Co.

Enrollment Form

Plan #967

Employer/Group Name: _____ Group #: _____

Employee Name: _____ Social Security #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone #: _____ Date of Birth: _____ / ____ / ____ Date of Hire: _____ / ____ / ____ Sex: Male Female

Requested Effective Date: _____ / ____ / ____

Please list any dependents you want covered below:

Names	Last	First	Sex	DOB	Last	First	Sex	DOB
Spouse:	_____	_____	_____	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____	_____	_____	_____

Employee Signature: _____ Date: _____

I authorize my employer to deduct my contribution for insurance premium from my wages or salary.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. In Florida, 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 of the third degree. In Georgia, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.