EyeMed VISION CARE

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company.

A Vision Plan for Graduate Students of the University of Illinois at Urbana-Champaign 2011-2012

The summary below provides you with a brief description of the most important features of your EyeMed vision plan.

The University of Illinois at Urbana-Champaign provides a vision plan that registered graduate students with no waiver-generating appointments may purchase. In order to be eligible to purchase the plan, the student must be registered. Students may also elect to purchase coverage for their spouses and/or domestic partners and/or dependent children. Students purchasing the vision plan for themselves or dependents are fully responsible for submitting the enrollment forms and paying the premium. Questions about the coverage should be directed to the provider.

PLAN PROVISIONS	*IN-NETWORK MEMBER COSTS*
Exam with Dilation as necessary	**$0 co-payment Once every 12 months – September 1 through August 31**
Frames*	**40% off retail price**
Standard Plastic Lenses*	**$50 – single vision $70 – bifocal $105 – trifocal**
Lens Options*	**See Plan brochure and ID card for additional information**
Contact Lenses - Conventional - Disposable	**- 15% off retail price - 0% off retail price**

- *Frames, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- The plan design is offered with the EyeMed Select panel of providers including thousands of private practitioners and optical retailers such as LensCrafters®, Target Optical®, Sears Optical®, JC Penney and most Pearle Vision® locations.
- Out of Network eye exam reimbursement is up to $35.00 annually, once per plan year - September 1 through August 31. Out of Network reimbursements are not available for materials.

Once enrolled members will receive information in the mail with detailed information and a subscriber identification card.

Voluntary Plan Information

Voluntary "per head" annual coverage cost: $18.60

For example, a graduate student would pay $18.60 for individual coverage. The cost to add an eligible person (spouse/domestic partner or dependent child(ren) is $18.60 per person added.

The enrollment periods are:

September 1 – September 30, 2011 for fall, and
February 1 – February 28, 2012 for spring.

Students may enroll by completing an enrollment application and sending it to:

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111

If you are a graduate student who elects to enroll for coverage, *you* are considered the "subscriber" for eligibility purposes. When enrolling and when making an appointment with a vision provider, use your University Identification Number (UIN).

Dependents that have been enrolled by the graduate student should use the graduate student's UIN when making an appointment, rather than use their own Social Security Number (SSN).

To access a list of the nearest vision providers, go to www.eyemedvisioncare.com . Use the drop-down box to choose the Select panel and enter your zip code. To speak with an EyeMed customer service representative, call (866) 723-0514.

LIMITATIONS & EXCLUSIONS

Fees charged by a Provider for services other than a vision examination must be paid in full by the covered person to the Provider. Such fees are not covered under this Policy. Benefit allowances provide no remaining balance for future use within the same benefit period.

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; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes, or supporting structures; 3) any vision materials; 4) any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy; 5) 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; 6) Plano (non-prescription) lenses; 7) non-prescription sunglasses; 8) two pair of glasses in lieu of bifocals; 9) services or materials provided by any other group benefit plans providing vision care; or 10) certain frame brands in which the manufacturer imposes a no discount policy.

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Policy No. VC-19 / Form No. M-9059