

*GROUP VISION INSURANCE
BY AMERICAN GENERAL®*
Employer-Funded and Employee-Paid Plans



PRODUCT
SPECIFICATIONS



By supplementing their benefits plans with Group Vision insurance, employers can gain a powerful advantage in the competition to attract talented employees.

Our group vision insurance offers real choice in providers through the EyeMed Vision Care network, which includes thousands of independent and retail providers nationwide, including LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Flexible plan options let employers choose between employer-funded and employee-paid plans, both at affordable premiums.

Vision benefits apply to all available frames or contact lenses at the provider location, designer models included. Additionally, employees receive extra discounts on all subsequent purchases of glasses and contacts after the initial funded benefit.

Plan Highlights

- Employers can choose between employer-funded and employee-paid plan options.
- Access to thousands of private practitioners and optical retailers.
- Benefits apply to all glasses and lenses at provider location — no restrictions.
- Convenient provider locations — many with evening and weekend hours to accommodate busy schedules.
- Live customer service representatives from EyeMed's Customer Care Center by phone seven days a week, including evenings.
- Extra savings of 20 percent on various additional services and materials, such as cleaning solutions, cloths, glass lenses and sunglasses (contact lenses and doctor's professional services are excluded).
- Ongoing discounts on subsequent purchases — up to 40 percent off a complete pair of eyeglasses and 15 percent off conventional contact lenses¹ after the initial funded benefit has been used.
- Discounts for LASIK and PRK procedures through the U.S. Laser Vision network, which is owned by LCA-Vision.

Eligibility

- Employees must be actively at work at least 20 to 30 hours per week as defined by the employer.
- Dependents include spouse, children age 3 to 23, and dependent and full-time students to age 25.

For more information on Group Vision insurance, contact your Agent, Broker or Benefit Solutions Representative. Or visit www.americangeneral.com/employeebenefits.

¹ Non-disposable (non-planned replacement) contact lenses.

Vision Benefits and Discounts at a Glance²

Plan Provision	In-Network	Out-of-Network
Exam (dilation as necessary)	\$10 copay	\$40 reimbursement
Exam Frequency	Annual	Same as in-network
Frames (any frame available at provider location)	<ul style="list-style-type: none"> ▪ \$0 copay ▪ \$130 allowance ▪ 20 percent off balance over \$130 	\$45 reimbursement
Frame Frequency	Annual or option for every two years	Same as in-network
Standard Plastic Lenses (in lieu of contact lenses)	Single vision, bifocal, trifocal and lenticular: \$20 copay	<ul style="list-style-type: none"> ▪ Single vision: \$40 reimbursement ▪ Bifocal: \$60 reimbursement ▪ Trifocal: \$80 reimbursement ▪ Lenticular: \$80 reimbursement
Lens Frequency	Annual	Same as in-network
Other Lens Options Network Discounts³	You pay: <ul style="list-style-type: none"> ▪ Progressive (add-on to \$20 bifocal copay): \$65 ▪ Premium progressive (add-on to \$20 bifocal copay): \$65 plus 80 percent of charge, less \$120 allowance <ul style="list-style-type: none"> ▪ Polycarbonate: \$40 ▪ Tint (solid and gradient): \$15 ▪ Anti-reflective: \$45 ▪ UV coating: \$15 ▪ Scratch resistance: \$15 	N/A
Contact Lenses (in lieu of eyeglass lenses; includes materials only)	Conventional (nondisposable, non-planned-replacement): <ul style="list-style-type: none"> ▪ \$0 copay ▪ \$105 allowance ▪ 15 percent off balance over \$105 Disposable: <ul style="list-style-type: none"> ▪ \$0 copay ▪ \$105 allowance ▪ Insured covers balance over \$105 Medically necessary: <ul style="list-style-type: none"> ▪ Paid in full ▪ \$0 copay 	<ul style="list-style-type: none"> ▪ Elective: \$80 reimbursement ▪ Medically necessary: \$210 reimbursement
Contact Lens Fit and Follow-Up Discount Fee (available after eye exam)³	<ul style="list-style-type: none"> ▪ Standard (conventional and planned replacement contact lenses): Up to \$55 charge to member ▪ Premium (all non-standard contact lenses, such as toric, multifocal, etc.): 10 percent off retail price 	N/A
Laser Vision Correction³	15 percent off retail or 5 percent off promotional price of LASIK or PRK from the U.S. Laser Network	N/A
Other Services, Materials or Add-On Features³	20 percent off additional services and materials such as cleaning solutions, cloths, glass lenses and sunglasses (excluding contact lenses and doctors' professional services)	N/A
Secondary Discounts³	Additional discounts up to 40 percent off a complete pair of eyeglasses and 15 percent off conventional contact lenses once the funded benefits have been used	N/A

Definitions

Polycarbonate Lenses More durable than regular plastic lenses, and are very lightweight. They also have greater impact resistance than any other lens material, making them the lenses of choice for sports eyewear, children or those with active lifestyles.

Progressive Lenses Includes, but is not limited to, the following trade names: Access®, Adapter®, AF Mini®, Continuous®, Vue®, Freedom®, Sola VIP®, Sola XL® and True Vision®. Standard lenses are the mid-range level of progressive lens based on the year, make and model of equipment used to develop them, as designed by the plan.

Premium Progressive Lenses Includes, but is not limited to, the following trade names: AO Compact®, Kodak®, Multigressiv®, Natural®, Outlook®, Panamic® and Varilux Comfort®. Premium lenses are high-grade progressive lenses based on advanced technology and recent year, make and model of equipment used to develop them, as designed by the plan.

² Benefits and discounts may vary by group size and are subject to state insurance law, and may vary due to such law. Employer-funded plans, 2-plus employees; employee-paid, 10-plus employees, minimum of 5 enrolled.

³ Not an insured benefit; discount service only. Member receives a 20-percent discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services and certain brand name vision materials in which the manufacturer imposes a no-discount practice. Benefit allowances provide no remaining balance for future use within the same benefit frequency.

Limitations

If the contact lenses benefit is payable in lieu of the standard eyeglass lenses benefit, you or your covered dependent(s) shall be eligible to receive benefits under the standard eyeglass lenses benefit only after the contact lenses benefit frequency has ended.

If the standard eyeglass lenses benefit is payable in lieu of the contact lenses benefit, you or your covered dependent(s) shall be eligible to receive benefits under the contact lenses benefit only after the standard eyeglass lenses benefit frequency has ended.

Exclusions

Benefits will not be payable under the policy for expenses incurred for:

- Professional services and/or materials in connection with:
 - Blended bifocals, no line, or progressive addition lenses.
 - Compensated or special multi-focal lenses.
 - Plain (non-prescription) lenses.
 - Anti-reflective, scratch, UV400, or any coating of lamination applied to lenses.
 - Sub-normal visual aids, or any associated supplemental testing.
 - Tints other than solid.
 - Orthoptics, vision training and developmental vision procedures, or any associated supplemental testing.
 - Polycarbonates lenses.
- Broken, lost or stolen lenses, contact lenses or frames.
- Medical or surgical treatment of the eye, unless such treatment is performed during a vision examination, subject to the applicable vision examination maximum benefit shown in the benefit schedule.
- Services or materials which are provided under any Worker's Compensation Act or similar law or any public program other than Medicaid.
- Services or materials rendered by a provider other than an ophthalmologist, optometrist, or optician acting within the scope of his or her license.
- Any additional service required outside basic vision analyses for contact lenses, except fitting fees.
- Vision examination for vision materials that may be required as a condition of employment, including but not limited to industrial or safety glasses.
- Services rendered after the date you or your covered dependent(s) ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered and the services rendered to you or your covered dependent(s) within 31 days from the date of such order.
- Services rendered or materials ordered before the date coverage began for an insured person under the policy.

Regardless of optical necessity, benefits are not available more frequently than that which is specified in the benefit schedule.

Policies issued by:

American General Life Insurance Company of Delaware

Wilmington, Delaware

Policy Form Number C22438

The United States Life Insurance Company in the City of New York

New York, New York

Policy Form Number C22553NY

www.americangeneral.com/employeebenefits

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including American General Life Insurance Company of Delaware and The United States Life Insurance Company in the City of New York.

American General Life Companies insurers offer a broad spectrum of life insurance, fixed annuities, accident and health products and worksite benefits to serve the financial and estate planning needs of customers throughout the United States.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life Insurance Company of Delaware and The United States Life Insurance Company in the City of New York are the issuing insurer's responsibility. The United States Life Insurance Company in the City of New York is authorized to conduct insurance business in New York. Policies are not available in all states.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the policy. Please see policy and certificate for details.

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