UnitedHealthcare Vision®

Vision insurance for individuals and families

IMPORTANT: THIS POLICY CANNOT BE TERMINATED BY YOU WITHIN THE FIRST 12 MONTHS OF COVERAGE.*

* Not applicable in all states. UnitedHealthcare Life Insurance Company is the underwriter of these plans. This product is administered by Spectera, Inc.

Individual Policy Forms VIS1-UHL, -42 and other state variations

UnitedHealthcare®

UnitedHealthcare Life Insurance Company

Jan 21 2016 12:48:06 pm

44276C1-UL-0216 (includes: 44276-UL-0216, 44276i-UL-0216)

Why choose us?

Keep an eye on your vision health with our vision insurance.

Our vision insurance plans offer you choice and flexibility, plus no waiting periods. You choose the coverage you need – glasses or contacts (Plan A) or both glasses and contacts (Plan B).

Our provider network offers quality care from professionals in private and retail settings across the country.

You have the flexibility to use non-network providers. But the best coverage is offered through our vision network. For example, a comprehensive eye exam from a network provider costs you $10. At a non-network provider, we pay up to $50 and you pay the rest of the billed charges.

Simply make a commitment to continue the coverage for at least 12 months (not applicable in all states). See Vision State Variations (44276i-UL) for details about which states do not have this requirement.

The Best Value: Using network vision providers

Find a vision provider at myuhcvision.com. Your out-of-pocket expenses – what you'll owe for vision services – will vary depending on the type of provider you use. Our online list of network providers are categorized in three ways:

- *Full service* – contracted to provide eye exams and prescription eyewear at discounted rates.
- *Exam Only* – contracted to provide exams ONLY at discounted rates.
- *Dispense Only* – contracted to dispense prescription eyewear ONLY at discounted rates.

Using a network vision provider: you pay the copay for eye exams and eyeglass lenses. For frames, you pay any amount over our allowance. There is no copay for contact lenses in the "select" group. **Note:** When using Walmart, Sam's Club, and Costco for contacts, the select contact lenses list does not apply. You pay any charge above the non-select group allowance.

Using a non-network vision provider: you pay any charge above our allowance.

This is an outline only and is not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy. State specific differences may apply.

You'll receive a complete list of benefits with the policy. Please read the policy carefully. Payment of benefits is subject to all policy terms, conditions, and the maximum benefit.

This brochure must be used in conjunction with the Vision State Variations (44276i-UL) for state availability and applicable state-specific benefits, exclusions, and limitations.

Our vision plans

UnitedHealthcare Vision® [1]

Covered Service/Material:		Provider Type:	Plan A	Plan B
Eye Exam Once every 12 months	You pay:	Network	$10 copay	
		Non-Network	Any charge over $50 allowance	
Frames[2] Once every 12 months	You pay:	Network	Any charge over $150 allowance	
		Non-Network	Any charge over $75 allowance	
Lenses[3] One pair every 12 months	You pay:	Network	$10 copay	
		Non-Network	• Single Vision: Any charge over $40 allowance • Bifocal: Any charge over $60 allowance • Trifocal/Lenticular: Any charge over $80 allowance	
Contacts Once every 12 months	You pay:		**Instead of glasses**[4]	**In addition to glasses**
		Network	• Select Contact Lenses List: $0 Copay • Medically Necessary (Select or Non-Selection):[5] $0 Copay • Non-Selection Contacts: Any charge over $125 allowance	• Non-Selection Contacts: Any charge over $150 allowance
		Non-network	• Any charge over $105 allowance • Medically Necessary:[5] Any charge over $210 allowance	

[1] 12-month initial policy term required (not applicable in all states). See Vision State Variations (44276i-UL) for details.

[2] Eyeglass frames, their fitting, and subsequent adjustments to maintain comfort and efficiency.

[3] Eyeglass lenses of any type, including standard scratch-resistant coating as prescribed by a vision provider.

[4] Plan A: Select either eyeglasses (lenses and/or frames) or contacts, not both.

[5] Necessary contact lenses when a provider has determined a need for and has prescribed the services. Contact lenses are necessary if the covered person has: keratoconus; anisometropia; irregular corneal/astigmatism; aphakia; facial deformity; or corneal deformity.

Vision care for any age*

We have vision plan options for people of any age or at any stage of life. Our vision plans have no age limit requirement (*primary insured must be 18 years of age or older) and are renewable for life. Even those covered by Medicare can apply. Maintaining your vision health is important to preserving your overall well-being.

Discounts: Laser Eye Surgery and Hearing Aids

Though laser eye surgery is not covered, you have access to discounted laser vision correction procedures through Laser Vision Network of America.

Our vision plan members may also purchase high-quality, digital hearing aids at a discount over retail. Visit hiHealthInnovations.com for more information.

Other Details (all plans)

This is only a general outline of the coverage provisions and exclusions. It is not an insurance contract, nor part of the insurance policy. You will find complete coverage details in the policy.

12-Month Policy Premium Term Commitment

These plans require that you agree to pay all the premiums for the initial 12 months of coverage from the effective date. See Vision State Variations (44276i-UL) for details about which states do not have this requirement.

Termination

For states requiring the 12-month premium term commitment, the policy may only terminate prior to the end of the 12-month term, on the date: (a) You enter full-time US military service; or (b) Of your death, if your spouse is not covered under the plan.

After you have paid all the premiums for the initial 12 months of coverage from the effective date or for all states that do not require a 12-month commitment, the policy will terminate the earliest of: (a) Nonpayment of premiums when due, subject to the Grace Period Provision in the policy; (b) The date we receive a request from you to terminate the policy or any later date stated in your request; (c) the date we decline to renew all policies issued on this form, with the same type and level of benefits, to the residents of the state where you live; (d) The date there is fraud or material misrepresentation by or with the knowledge of a covered person in filing a claim for benefits under the policy; or (e) The date of your death, if your spouse is not covered under the plan.

We will refund any premium received and not earned due to policy termination.

Premium

Premiums are subject to change. You will be given at least a 31-day notice (or longer if required by your state) of any change in your premium. We will make no change in your premium solely because of claims made by a covered person under the policy or a change in a covered person's health.

Dependents

Eligible dependent means your spouse and/or an eligible child. Eligible child must be unmarried child and less than 26 years of age.

General Exclusions and Limitations

Please Note: This vision benefit program is designed to cover vision needs rather than cosmetic extras. If you select a cosmetic extra, the plan will pay the costs of the allowed lenses and you will be responsible for the additional cost of the cosmetic extra.

No benefits are payable for vision expenses:

- That are not identified and included as covered expenses under the policy. You are responsible for payment of services not covered by the policy.
- That are part of a covered expense that is subject to a copayment or your responsibility after we pay our coinsurance percentage.
- Not rendered or not within the scope of the vision provider's license.
- For which a covered person may be compensated under Workers' Compensation Law, or other similar employer liability law.
- For orthoptics or vision therapy training and any associated supplemental testing.
- For replacement of an eyeglass frame and eyeglass lenses furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available.
- For medical or surgical treatment of the eyes.
- For missed appointment charges.
- For applicable sales tax charge on vision care services.
- For corrective surgical procedures such as, but not limited to, Radial Keratotomy (RK) and Photo-Refractive Keratectomy (PRK).
- For any eye examination or any corrective eyewear, required by an employer as a condition of employment.
- For corrective vision treatment of an experimental or investigative nature.
- For eyewear, except prescription eyewear; non-prescription items (e.g. plano lenses); or optional lens extras.

No benefits are payable for vision services:

- Provided without cost to a covered person in the absence of insurance covering the charge.
- That exceed the frequency limitations or exceed any applicable benefit allowance in the policy.
- Performed by a vision provider who is a member of the covered person's immediate family.
- Provided prior to the effective date or after the termination date of the policy.

HEALTH PLAN NOTICES OF INFORMATION PRACTICES
MEDICAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

We (including our affiliates listed at the end of this notice) are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you in our next annual distribution, either a revised notice or information about the material change or how to obtain a revised notice. We will provide this information either by direct mail or electronically in accordance with applicable law. In all cases, we will post the revised notice on our websites, such as *www.myuhone.com, www.myallsavers.com, www.myallsaversmember.com, or www.uhone.com.* We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our customers. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees' information, in accordance with applicable state and Federal standards, to protect against risks such as loss, destruction or misuse.

How We Use or Disclose Information. We must use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage and to process claims for health care services you receive including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might conduct or arrange for medical review, legal services, and auditing functions, including fraud and abuse detection or compliance programs.
- **To Provide Information on Health Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with Federal law.
- **For Underwriting Purposes.** We may use or disclose your health information for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.
- **For Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object we will use our best judgment to decide if the disclosure is in your best interests. Special restrictions apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person or report a crime.

- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws that govern job-related injury or illness.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets Federal privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to Federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by Federal law.
- **Additional Restrictions on Use and Disclosure.** Certain Federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; mental health; genetic tests; alcohol and drug abuse; sexually transmitted diseases and reproductive health information; and child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by Federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under Federal law, without your written authorization. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the phone number listed on your health plan ID card.

What Are Your Rights. The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a PO Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. In certain circumstances, we will accept verbal requests to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have it sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend information** we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; and (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which Federal law does not require us to provide an accounting.

- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. In addition, you may obtain a copy of this notice at our websites such as *www.myuhone.com, www.myallsavers.com, www.myallsaversmember.com, or www.uhone.com.*
- **You have the right to be considered a protected person.** (New Mexico only) A "protected person" is a victim of domestic abuse who also is either: (i) an applicant for insurance with us; (ii) a person who is or may be covered by our insurance; or (iii) someone who has a claim for benefits under our insurance.

Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on your ID card.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below.
- **Submitting a Written Request.** Mail to us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records, or requesting amendments to your record at the following address:
- Privacy Office, 7440 Woodland Drive, Indianapolis, IN 46278-1719
- **You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

Fair Credit Reporting Act Notice. In some cases, we may ask a consumer-reporting agency to compile a consumer report, including potentially an investigative consumer report, about you. If we request an investigative consumer report, we will notify you promptly with the name and address of the agency that will furnish the report. You may request in writing to be interviewed as part of the investigation. The agency may retain a copy of the report. The agency may disclose it to other persons as allowed by the Federal Fair Credit Reporting Act. We may disclose information solely about our transactions or experiences with you to our affiliates.

MIB. In conjunction with our membership in MIB, Inc., formerly known as Medical Information Bureau (MIB), we or our reinsurers may make a report of your personal information to MIB. MIB is a not-for-profit organization of life and health insurance companies that operates an information exchange on behalf of its members. If you submit an application or claim for benefits to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply such company with information regarding you that it has in its file.

If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Contact MIB at: MIB, Inc., 50 Braintree Hill Park Ste. 400, Braintree, MA 02184-8734, 1-866-692-6901, *www.mib.com*.

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FINANCIAL INFORMATION PRIVACY NOTICE

(Effective January 1, 2016)

We (including our affiliates listed at the end of this notice) are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an insured or an applicant for coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing coverage to the individual.

Information We Collect. Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

Disclosure of Information. We do not disclose personal financial information about our insureds or former insureds to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

We restrict access to personal financial information about you to employees, affiliates and service providers who are involved in administering your health care coverage or providing services to you. We maintain physical, electronic and procedural safeguards that comply with Federal standards to guard your personal financial information.

Confidentiality and Security. We maintain physical, electronic and procedural safeguards, in accordance with applicable state and Federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

Questions About this Notice. If you have any questions about this notice, please **call the toll-free phone number on your ID card.**

The Notice of Information Practices, effective January 1, 2016, is provided on behalf of All Savers Insurance Company; All Savers Life Insurance Company of California; Golden Rule Insurance Company; PacifiCare Life and Health Insurance Company; UnitedHealthcare Insurance Company; and UnitedHealthcare Life Insurance Company.

To obtain an authorization to release your personal information to another party, please go to the appropriate website listed in this Notice.

33638-X-0116 Products are either underwritten or administered by: All Savers Insurance Company, All Savers Life Insurance Company of California, Golden Rule Insurance Company, PacifiCare Life and Health Insurance Company, UnitedHealthcare Insurance Company, and/or UnitedHealthcare Life Insurance Company.

Vision insurance you can really focus on.

Visit myuhcvision.com to find providers in your area, access plan information, see your claim status, and more. Want to know the cost? Look no further! With upfront pricing, you can see your monthly premium plain and clear.

Plan A: $11.40*
- **eye exam**
- **glasses OR contacts**

Add $7.20* for each additional insured

Plan B: $15.70*
- **eye exam**
- **glasses AND contacts**

Add $9.90* for each additional insured

29 MILLION

UnitedHealthcare provides over 29 million Americans access to health care. UnitedHealthcare Life Insurance Company (UHCLIC), a UnitedHealthcare company, is the underwriter of the plans featured in this brochure.
Source: UnitedHealth Group Form 10-Q (p. 30) 09/30/15.

"A"

UnitedHealthcare Life Insurance Company is rated "A" (Excellent) by A.M. Best. This worldwide independent organization examines insurance companies and other businesses, and publishes its opinion about them. This rating is an indication of our financial strength and stability. (03/31/15)

*Rates as of 02/19/16 and are subject to change. See state variations (44276i-UL) for state-specific rates that vary from the rates above.

UnitedHealthcare®
UnitedHealthcare Life Insurance Company

44276-UL-0216

Vision State Variations

Please see below for state availability and applicable state-specific benefits, exclusions, and limitations. This insert must be used with the UnitedHealthcare Vision® brochure for individual coverage (44276-UL).

Alabama

There are no state variations.

Arkansas

There are no state variations.

Connecticut

Your premium rate is guaranteed for 12 months from your effective date.

Florida

- **Plan A monthly premium rates: $10.40 for primary insured, additional $6.60 per month for each dependent.***
- **Plan B monthly premium rates: $14.30 for primary insured, additional $9.00 per month for each dependent.***
- 12-Month Policy Premium Term Commitment not required.
- We will notify you in writing at least 45 days in advance of any change in premium.
- A dependent child can include a married child if they are less than 26 years of age.

Georgia

- 12-Month Policy Premium Term Commitment not required.
- We will notify you in writing at least 60 days in advance of any change in premium.

Illinois

- We may refuse to renew this policy for fraud or an intentional material misrepresentation of material fact made by or with the knowledge of a covered person in filing a claim.
- An eligible child must be under age 26 (30, if unmarried, an Illinois resident, has served in the U.S. armed forces, received a release or discharge other than dishonorable, and submitted a Certificate of Release or Discharge stating the date of release) to apply.
- Spouse means your lawful wife, husband, or partner in a civil union.

Indiana

- **Plan A monthly premium rates: $10.40 for primary insured, additional $6.60 per month for each dependent.***
- **Plan B monthly premium rates: $14.30 for primary insured, additional $9.00 per month for each dependent.***
- A dependent child can include a married child if they are less than 26 years of age.

Iowa

There are no state variations.

Louisiana

- 12-Month Policy Premium Term Commitment not required.
- Your premium rate is guaranteed for 12 months from your effective date and will not change more than once every 6 months from the effective date, unless: your residence changes, or a dependent is added or terminated from the policy.
- We will notify you in writing at least 45 days in advance of any change in premium.

Michigan

12-Month Policy Premium Term Commitment not required.

Missouri

There are no state variations.

Mississippi

We will notify you in writing at least 60 days in advance of any change in premium.

Nebraska

There are no state variations.

Ohio

- **Plan A monthly premium rates: $10.40 for primary insured, additional $6.60 per month for each dependent.***
- **Plan B monthly premium rates: $14.30 for primary insured, additional $9.00 per month for each dependent.***
- 12-Month Policy Premium Term Commitment not required.

Oklahoma

There are no state variations.

* State-specific rates as of 02/19/16 and are subject to change.

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Vision State Variations, continued

Pennsylvania

- This product is not available to PA residents of the following counties: Cameron, Forest, Montour, Perry, Potter, and Sullivan.
- In the Termination provision, "the policy will terminate the earliest of" is replaced with: "all insurance will cease at the earliest of".
- In the Termination provision, "The date there is fraud or material misrepresentation" is replaced with: "The date there is fraud or material intentional misrepresentation."
- The Exclusion and Limitation for Workers' Compensation Law is replaced with: "For which a covered person may be compensated under any Workers' Compensation, Occupational Disease Law, or by United States Longshoreman's Harbor Worker's Compensation Act.
- In the Exclusion and Limitation for any eye examination or any corrective eyewear, required by an employer as a condition of employment, "unless otherwise covered under the policy" is added.

South Carolina

- **Plan A monthly premium rates: $10.40 for primary insured, additional $6.60 per month for each dependent.***
- **Plan B monthly premium rates: $14.30 for primary insured, additional $9.00 per month for each dependent.***
- 12-Month Policy Premium Term Commitment not required.

Texas

There are no state variations.

Wisconsin

We will notify you in writing at least 60 days in advance of any change in premium.

* State-specific rates as of 02/19/16 and are subject to change.

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