

# Vision Care (PPO)

<b>Coverage Description</b>	<p>Vision coverage provides In- and Out-of-Network benefits for eye examinations, glasses, and contact lenses to sponsoring employer groups or associations. Usually, the plan is sponsored by an employer who may contribute some or all of the premium payment and collects the remainder through payroll deduction. Coverage is also available on a voluntary basis.</p>
<b>Plan Benefits</b>	<ul style="list-style-type: none"> <li>• Vision examinations only.</li> <li>• Eyewear only (frames, lenses and contact lenses).</li> <li>• Vision examination and eyewear (frames, lenses and contact lenses).</li> </ul> <p>The plan sponsor may select from a wide range of benefits.</p> <p>A co-payment may be required for both the exam and eyewear by the insured.</p> <p>The plan sponsor selects co-payment and benefit amounts. Additional discounts are available if the member utilizes a participating provider in the vision PPO network.</p>
<b>Benefit Period</b>	<p>The plan is designed to cover one eye exam and eyewear purchase once every 12 or 24 months, as selected by the plan sponsor. Once the employee has used a benefit, she/he may not use that benefit again for another 12- or 24-month period. Vision exam and eyewear benefit periods are separate. The employee is not required to purchase both at the same time.</p>
<b>Eligibility</b>	<p>The plan sponsor may determine, on a non-discriminatory basis, what classes of their employees are eligible to participate. Eligible dependent spouse and unmarried dependent children under age 19 (25 if a full-time student) also are eligible to participate (dependent children age restrictions vary by state).</p>
<b>Underwriting</b>	<p>Each plan sponsor must complete a group application form.</p>

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**FIDELITY SECURITY LIFE INSURANCE COMPANY**

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