

Limitations and Exclusions

In no event will payment exceed the lesser of: the actual cost of covered services or materials; or the limits of the policy shown in this schedule. Insurance for You and Your Dependents will end on the earliest of: a) the last day You cease to be eligible; b) the last day Your Dependent ceases to be a Dependent, as defined; c) the last day of the month for which a premium has been paid, subject to the Grace Period; or d) the date the Policy ends.

Not covered are:

1. Orthoptic or vision training and any associated supplemental testing.
2. Plano lenses.
3. Two pairs of glasses, in lieu of bifocals or trifocals.
4. Medical or surgical treatment of the eyes.
5. Any eye examination or any corrective eyewear, required by an employer as a condition of employment.
6. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
7. Sub-normal aids or non-prescription lenses.
8. Charges in excess of the benefit amounts for the service or materials.
9. Charges incurred after:
 - the policy ends; or
 - the Insured's coverage under the policy ends, except as stated in the policy.
10. Experimental or non-conventional treatment or device.
11. High Index lenses or any material type.
12. Extra charges apply to:
 - Lens coatings
 - No-line bifocal or progressive lenses
 - Photo-chromatic lenses
 - Eyeglass lens treatments or "add-ons"

Underwriting Guidelines

- Available to any employer Group with a minimum 3 employees enrolled
- A one year participation commitment from each enrollee is required.
- Employees must be full-time (at least 30 hours per week) and non-seasonal.
- Businesses with greater than 20% turnover per year are ineligible.
- The optical industry is the only industry that is restricted from participation.
- There are no pre-existing condition exclusions.
- Rates are guaranteed for a period of two years from the group's effective date.
- Enrollments are effective the first of the month following submission of a complete and accurate application, enrollment forms, and a check for one month's premium.
- All Enrollment materials must be received by the 20th of the month for an Effective Date of the 1st of the following Month.

MONTHLY PREMIUM

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

A \$2.00 monthly administration fee is included in the above rates.

November 2001

AVAILABLE IN THE FOLLOWING STATES

Alabama	Kentucky	Oregon
Alaska	Louisiana	Pennsylvania
Arizona	Michigan	South Carolina
Arkansas	Minnesota	South Dakota
Colorado	Mississippi	Tennessee
Delaware	Missouri	Texas
Georgia	Montana	Utah
Idaho	Nebraska	Washington
Illinois	Nevada	West Virginia
Indiana	North Dakota	Wyoming
Iowa	Ohio	
Kansas	Oklahoma	

For more information, contact:



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

Insured by: **Security Life Insurance Co. of America**
 10901 Red Circle Dr., Minnetonka, MN 55343-9137
 Benefits Administrator & Provider Network: **Cole Managed Vision**



Offered & Billed by: **Brokers National Life Assurance Company**
 PO Box 150129, Austin, Texas 78715-0129
 Phone: (800) 798-1125
 Website: www.bn lac.com
 E-mail: BrokersChoice@bn lac.com

Coverage issued under Policy Series
 GH-1154, GH-1157, or GH-1158
 Form S10552 11-1-01
 Plan 80112

BNL-ADV-VV(1101).4
 April 2003

Voluntary Vision Insurance

- 2 Year Rate Guarantee
- National Provider Network



Voluntary Vision

Voluntary Vision is a Cole Managed Vision plan. Cole Managed Vision has been an innovator in administering vision benefits since 1989 and is a business unit of Cole National Corporation, the largest retailer of eyewear products and optometric services in the United States.

- Optical centers nationwide
- Cole-trained staff dedicated to care
- Strict quality standards

The network includes such familiar names as:

- Pearle Vision Centers¹
- Sears Optical
- JC Penney Optical
- Target Optical

and thousands of independent optometrists and ophthalmologists².

¹ Some Pearle Vision franchises do not participate.

² Locations subject to change.

Please call 1-800-615-3299, or log onto our website at www.bnlac.com <<http://www.bnlac.com>>, to verify participation.

How The Plan Works

To access benefits once enrolled, members simply:

- Call or visit one of the thousands of Cole Managed Vision network providers.
- Present the Plan ID Card and provide the primary member's social security number for eligibility and benefit plan verification.

There are no claim forms, authorization forms, or reimbursement for in-network services.

(Benefits cannot be used in conjunction with other discounts, promotions or prior orders.)

Eye Examinations

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

Basic Benefits Through Network Providers

Exams: \$10 Co-Pay (once each 12 months)

Materials: \$20 Co-Pay (once each 24 months)

EYE EXAMINATIONS

A routine, complete eye examination, refraction, and prescription for eyeglasses. Contact lens examinations require additional fees for fitting and follow up. If indicated, your doctor may recommend additional procedures (such as dilation) at an additional cost to you.

EYEGLASS LENSES

Benefits include standard uncoated plastic lenses of any size or power. Lens options are available at additional cost.

FRAMES*

Any frame up to a regular retail value of \$100. If frames above \$100 are selected, the insured pays the difference.

CONTACT LENSES*

Instead of glasses

Any pair of contact lenses up to a regular retail price of \$100. Contacts above \$100 are available at an additional charge. Contacts can be obtained from a network provider or through the mail order Contacts Direct™ Program (call 1-800-987-5367).

* The applicable allowance may be used only once per benefit period on either eyeglasses or contacts.

Lasik Surgery

Cole Managed Vision provides discounts to members interested in Lasik – a laser vision correction procedure. This non-insured benefit provides substantial savings (typical savings of \$100 to \$800 off for two eyes) when using participating providers at hundreds of locations nationwide. For information or to locate a participating doctor, call 1-800-705-2020.

How to Find Preferred Providers for Plan Number 80112

For the network locations nearest you, call Cole Managed Vision at **(800) 615-3299** Weekdays 9-9 and Saturdays 9-5 Eastern Time.

Automated location information is available 24 hours by phone or accessing the website: **www.colemanagedvision.com**

Note: You must enter your plan number, 80112, to get an accurate listing of preferred providers for your vision plan.

Additional Benefits

Unlimited additional pairs of glasses, contact lenses, and options are available to employees and covered dependents, through Cole Managed Vision network providers, at the following costs:

FRAMES

Priced up to \$60 retail \$35
Priced from \$61 to \$80 retail 45
Priced from \$81 to \$100 retail 55
Priced from \$101 and over 70%
(30% discount from regular retail price)

LENSES

(Standard uncoated plastic)

Single Vision \$40
Bifocal 55
Trifocal 75
Progressive 105

LENS OPTIONS

(Add to lens prices above)

Polycarbonate \$30
Scratch Resistant Coating 12
Solid or Gradient Tint 10
Ultraviolet Coating 12
Anti-Reflective Coating 40
All Items not listed above 20% discount

CONTACT LENSES

(2 ways to save)

1. Visit our nationwide locations and save up to 20% off regular retail prices (10% on disposables). OR 2. Use Contacts Direct™ for convenience and great prices.

OUT-OF-NETWORK BENEFITS

The greatest benefit is realized when members use in-network providers. But, members may choose non-Cole Managed Vision network providers and materials, paying the provider in full and submitting receipts for reimbursement from the plan according to the following schedule.

Eye Examination up to \$25
Contact Lenses up to 60
Lenses - Single Vision up to 20
Lenses - Bifocal up to 30
Lenses - Trifocal up to 40
Frames up to 40

Call Cole Managed Vision at (800) 615-3299 for a claim form for out-of-network reimbursement.