

## The Future Looks Bright....

**While December is open enrollment for Concept H.R.'s master vision program, new groups can join at any time. Concept H.R. conveniently deducts your portion of premiums from your paycheck as indicated below based on what plan option and coverage you choose.**

### Summary of benefits

- ✓ \$10.00 co-pay for eye exams every 12 months (in network)
- ✓ \$25.00 co-pay for glasses or contact lenses every 24 months (in network)
- ✓ Network of participating doctors (visit [www.citizensgroup.com](http://www.citizensgroup.com))
- ✓ Discounts for optional frames, lens types, or coatings
- ✓ No participation requirements (as few as one employee may enroll)
- ✓ Premiums are very affordable and locked in until the plan renewal date (January 1, 2012).

### What do I need to do?

- ✓ Obtain the enrollment package either from your employer or from Concept H.R.'s website at [www.concepthr.com](http://www.concepthr.com). The packet will include information on both plans for you to decide which is best for you and your family. Only a completed enrollment form needs to be returned to our benefits office via one of the following delivery methods for processing:

Mail: Attention Benefits, 1089 Augusta Rd., Warrenton, SC 29851

Fax: Attention Benefits, 803-663-8839 (fax#)

Email: [aujones@concepthr.com](mailto:aujones@concepthr.com)

### Please list your employer in the "Acct#" box of the application when completing the form.

- ✓ You will receive a welcome package including full plan coverage and vision card(s) for presenting to your provider shortly before your coverage begins via delivery with payroll or mail to your home address.
- ✓ This is the time for any full or part-time (must work at least 20 hours/week). (Complete, sign, & date an enrollment card and forward to Concept H.R. for processing).



### CS Group Benefits

Monthly Deduction	Monthly Deduction
Employee	\$ 8.15
Employee/Spouse	\$15.88
Employee/Child(ren)	\$14.66
Employee/Family	\$23.29

\*\*\* Concept H.R. deducts premiums for all benefits one month in advance. For example, if a benefit were effective February 1<sup>st</sup>, the deductions would begin January 1<sup>st</sup>. \*\*\*

## How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant.
- Provide the office with the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms are required!

## Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access our website at [www.CitizensGroup.com](http://www.CitizensGroup.com) and clicking Vision under Find A Provider, or call **800.999.5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.

## What about retail locations?

In order to provide our members with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations may vary slightly from other locations, as noted in this benefit description. However, your value is comparable.

## What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you can receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit  
PO Box 1525  
Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To obtain a claim form, please visit our website at [www.CitizensGroup.com](http://www.CitizensGroup.com).



## Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

Monthly Rates			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$ 8.15	\$ 15.88	\$ 14.66	\$ 23.29

For More Information Please  
Contact:

The Benefits Department  
803-663-5374

Citizens Security Life Insurance Company  
12910 Shelbyville Road  
Louisville, KY 40243

**800.843.7752**  
[www.CitizensGroup.com](http://www.CitizensGroup.com)



## OUR VISION



is to help yours.

Vision Care Plan  
Benefit Description  
For Employees of

Concept HR

## What are the plan benefits, frequencies and costs?<sup>1</sup>

**EYE EXAMINATIONS** . . . . Every 12 months, including dilation as professionally indicated.

**Co-payment** . . . . . \$10.00

**Out-of-Network** . . . . . Reimbursed up to \$40.00

**EYEGLASSES** . . . . . Every 24 months  
**EYEGLASS LENSES** . . . . . Every 12 months

**Co-payment** . . . . . \$ 25.00

You may choose from the Designer selection of frames from "The Collection" in most network provider offices. A \$130.00 credit, plus a 20% discount on any overage will be applied toward a network provider's own frame. Participants who seek services through a participating retail location<sup>2</sup> will be given a \$130.00 allowance, plus a 20% discount on any overage will go toward the purchase of a frame. If you choose a frame with a price that exceeds the credit or allowance, you will be responsible for any balance. For more information on lenses, please see "What lenses/coatings are included?".

**Out-of-Network** . . . . Reimbursed up to \$45.00 for frames, up to \$40.00 for single vision lenses, up to \$60.00 for bifocals, up to \$80.00 for trifocals, or up to \$80.00 for lenticular lenses.

**CONTACT LENSES** . . . . . Every 12 months

**Co-payment** . . . . . \$ 25.00

Standard, soft, daily-wear; disposable<sup>3</sup> or planned replacement contact lenses are covered at 100% including the contact lens fitting/evaluation after the co-payment from the Davis Vision contact lens collection in lieu of eyeglasses; or, a \$130.00 allowance, plus a 15% discount on any overage toward any contact lenses and fitting/evaluation from a network provider's own supply.<sup>2</sup> Medically necessary contact lenses will be covered in full at all provider locations with prior approval.

**Out-of-Network** . . . . Reimbursed up to \$105.00 for elective contact lenses, or up to \$225.00 for medically necessary contact lenses with prior approval.

*Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.*

### What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Post-cataract lenses.
- Oversize lenses.
- Fashion, sun or gradient tinted lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

### Are there any optional frames, lens types or coatings available?

Yes, you can pay<sup>1</sup> the low, discounted fixed fees indicated and receive these exciting optional items:

- \$25.00 for premier frames from "The Collection".
- \$20.00 for scratch-resistant coating.
- \$12.00 for ultraviolet coating.
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00. Ultra ARC is \$60.00.
- \$30.00 for intermediate vision lenses.
- \$20.00 for blended segment lenses.
- \$55.00 for high-index (thinner and lighter) lenses.
- \$75.00 for polarized lenses.
- \$20.00 for Photogrey Extra® (photosensitive) glass lenses.
- \$65.00 for plastic photosensitive lenses.
- \$50.00 for standard progressive addition lenses. \$90.00 for Premium progressive addition lenses.+
- \$30.00 for polycarbonate lenses.

+ *Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the co-payment is not refundable.*

### Contact Lens Formulary List\*

#### Daily Wear

Cooper Clear DW	Cooper / OSI
Z4 Sofblue	Cooper / OSI
Z6 Sofblue	Cooper / OSI
Silver 07	Cooper / OSI

#### Planned Replacement

Purevision (Silicon Hydrogel)	Bausch & Lomb ®
Proclear Compatibles	Cooper / OSI
Frequency 38	Cooper / OSI
Frequency 55	Cooper / OSI

#### Disposable

Soflens 38 (6 pack)	Bausch & Lomb ®
Clear Site (1-Day 30 pack)	Cooper / OSI
Focus Dailies (30 Pack)	CIBA Vision ®
Encore Premium	CIBA Vision ®
O2 Optix	CIBA Vision ®
Cooper Clear FW	Cooper / OSI
Biomedics XC (Silicon Hydrogel)	Cooper / OSI
Biomedics 38	Cooper / OSI
Biomedics 55	Cooper / OSI
Freshlook LT	Cooper / OSI
Acuvue	Johnson & Johnson
Acuvue 2	Johnson & Johnson
Acuvue Advance	Johnson & Johnson
1-Day Acuvue	Johnson & Johnson

\*Available at all participating independent provider offices. All contacts on our Formulary are Single—Vision Spherical lenses. Formulary is subject to change

<sup>1</sup> Your provider reserves the right not to dispense materials until all applicable member costs, fees, and co-payments have been collected.

<sup>2</sup> Additional discount does not apply at participating Wal-Mart locations.

<sup>3</sup> Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.

### Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

### When will I receive my eyewear?

Your eyewear will be delivered to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (antireflective coating), specialized prescriptions or a participating provider's frame is selected.

### Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at [www.DavisVision.com](http://www.DavisVision.com) or call 800.999.5431.

### More special features:



Replacement Contact Lenses By Mail

- Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at [www.Lens123.com](http://www.Lens123.com).

- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied through the Davis Vision collection.

### May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

