

*Certificate of Insurance*

*ReliaStar Life Insurance Company  
20 Washington Avenue South  
Minneapolis, Minnesota 55401*

*Vision Care Insurance for*

**THE UNIVERSITY OF TEXAS  
SYSTEM**

**Copayment Amount:**

**\$35 For Exam Only**

**Group Number: 56856**

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*Schedule of Benefits*

**Copayment Amount**

**Per Insured Person: .....\$35 For Exam Only**

*Benefit Frequency*

Comprehensive Exam ..... One in a Plan Year

Lenses ..... One pair in a Plan Year

Frame..... One frame in a Plan Year

Contact Lenses ..... One pair in a Plan Year

### *Schedule of Benefits (continued)*

The table below shows the amounts payable for the services listed:

<b><u>Covered Benefits</u></b>	<b><u>In-Network</u></b>	<b><u>Non-Network</u></b>
Comprehensive Exam by an Ophthalmologist	Covered in FULL	Up to \$ 42.00
Comprehensive Exam by an Optometrist	Covered in FULL	Up to \$ 37.00
Lenses (Standard) per pair:		
Single Vision	Covered in FULL	Up to \$ 32.00
Bifocal	Covered in FULL	Up to \$ 46.00
Trifocal	Covered in FULL	Up to \$ 61.00
Lenticular	Covered in FULL	Up to \$ 84.00
Contact Lenses (per pair)*		
Medically Necessary	Covered in FULL	Up to \$210.00
Cosmetic (Elective)**	Up to \$125.00	Up to \$100.00
Frames (Standard)	Up to \$140.00	Up to \$ 53.00

\* Contact lenses are *in lieu* of eyeglass lenses and frames benefit.

\*\* The insured is responsible for paying any charges in excess of this allowance.  
Corrective lenses must be prescribed by an Ophthalmologist or Optometrist.

*Schedule of Benefits (continued)*

**SVP8-20**

**SVP8-20 MATERIALS DISCOUNT FEATURE:**

Featured are 20% discounts off the provider’s retail charges for upgrades to the 1<sup>st</sup> pair of covered eyeglass lenses. This includes tints, coatings, special materials and special lens designs.

Also, included are discounts on the purchases of additional pairs of eyeglasses and contact lenses. See the schedule below. These materials discounts are available from in-network providers who are identified in the directory with a “DP” (discount plan) associated with their listing as a service they provide at the location.

Frames*.....	30% Off Retail
Lenses (Uncoated Plastic-CR39, or Glass).....	30% Off Retail
• Single Vision	
• Bifocal (FT 25-35 & Executive)	
• Trifocal (FT 7x25, 7x28, 8x35 & Executive)	
• Progressives	
• Zyl and Metal Mounting	
• Add-On To Base Lenses.....	20% Off Retail
• Tints, Coatings & Colored Lenses	
• Power over 4.00D Sphere, 2.00D Cylinder & 5.00D Prism	
• Polycarbonate, High Index, Photochromatics	
• Cosmetic Finishing, beveling, edging & mounting	
Everyday “Frame and Lens Package Pricing”:	20% Off Retail
Contact Lenses .....	20% Off Retail
Disposable Contact Lenses.....	10% Off Retail
All Other Materials .....	20% Off Retail

\*Unless discounts are restricted by the manufacturer.

**REFRACTIVE SURGERY DISCOUNT FEATURE**

Superior Vision has contracted a network of ophthalmologists who offer a 20% discount off their UCR surgical fees for the LASIK procedure. Participating providers for this feature are identified in the directory with a “RF” (refractive surgery) associated with their listing as a service provided at the location. The 20% discount can also apply to the procedure of Blepharoplasty (cosmetic upper and lower eyelid surgery) from specially contracted in-network providers.

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***RELIASTAR LIFE INSURANCE COMPANY***  
**Minneapolis, Minnesota 55440**

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ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued Group Policy VCP100TX to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.

## ■ **Introduction**

For you and your dependents to be eligible for this vision program, you must first fill out the Enrollment Form and send the completed form to your Human Resources Department. Should you need to make any changes to information previously submitted, please make those revisions on the Adjustment Form located in your Human Resources Dept. and submit the form to your Human Resources Department.

Please read this certificate booklet carefully to understand the benefits, exclusions and general provisions of your vision plan. Should you have any questions regarding your benefits or how the plan works, please refer to your booklet or you may call **Customer Service at 800-507-3800**.

## ■ **Definitions**

As you read through your booklet, you may come across some terms you are unfamiliar with. The following definitions are used throughout this booklet and will have the meaning stated below.

**Calendar Year** - A period commencing on January 1 of any year and terminating on January 1 of the following year.

**Coated Lenses** - A substance added to a finished lens on one or both surfaces.

**Contact Lenses, Cosmetic** - Contact lenses which are not medically necessary and are constructed solely for cosmetic and/or convenience reasons. These lenses will be reimbursed in accordance with the plan Schedule of Benefits.

**Contact Lenses, Medically Necessary** - Contact lenses which are constructed for the medically necessary conditions described below. Reimbursement for these lenses will be considered as payment-in-full.

- Aphakia (after cataract surgery). A pair of single vision lenses or multi-focal lenses and frames can be provided with the contact lenses.
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye.
- Keratoconus.

**Note:** The narrowing of visual fields due to high minus or plus corrections is not considered a reason for medically necessary contact lenses.

**Cosmetic Lenses** - Lenses which are constructed solely for cosmetic reasons.

**Contract Month** - A period which begins on the first day of a calendar month and continues to the first day of the next calendar month.

## ■ *Definitions (continued)*

**Copayment** - The amount you are required to pay the provider for services covered under this plan.

**Dependent** –

- your lawful spouse;
- each unmarried child who is less than age 25 and is not regularly employed on a full-time basis;
- each unmarried child who upon attainment of age 25 is incapable of self-support because of mental retardation or physical handicap, and is chiefly dependent upon you for support and maintenance. Proof of the incapacity must be furnished to ReliaStar Life within 31 days of the limiting age and thereafter as may be reasonably necessary but not more frequently than annually after the 2-year period following the child's attainment of the limiting age.

The term "child" shall include your natural child, adopted child, stepchild, grandchild, or child for whom you have legal guardianship, provided such child is a dependent for federal income tax purposes at the time of enrollment, or is entitled to coverage pursuant to a medical support order. Coverage of a child may not be terminated solely because he or she is no longer a dependent for federal income tax purposes.

**Eligible Vision Expenses** - Expenses incurred for services rendered which are included under the Schedule of Benefits, subject to applicable copayments and maximum amount limitations.

**Employee** - An active employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 20 hour-per-week, 48 week-per-year-basis. Such employees of companies and affiliates controlled by the Policyholder are included.

**Group Policy** - The written policy between ReliaStar Life and the Policyholder.

**Insured** - A covered employee of an eligible class of insurance under the Group Policy who meets all policy conditions for insurance and is covered for benefits under the Group Policy.

**Member** - The insured and the insured's dependent(s).

**Non-Participating Provider** - An Ophthalmologist, Optometrist or Optician acting within the scope of his or her license who has not entered into a payor arrangement with ReliaStar Life.

**Ophthalmologist** - A physician or a doctor of medicine or osteopathy (M.D. or D.O.) who specializes in the comprehensive care of the eyes and visual system to prevent, diagnose, and treat any eye disease, disorder, or injury.

**Optician** - One who is licensed to fit, adjust, and dispense eyeglasses and other optical devices on the written prescription of a licensed ophthalmologist or optometrist.

## ■ *Definitions (continued)*

**Optometrist** - A doctor of optometry (O.D.) who is trained to detect and correct vision problems primarily by prescribing eyeglasses or contact lenses.

**Oversized Lens** - Any lens with an eyesize of 61mm or greater. Oversized lenses are not a covered benefit. Insureds requesting these lenses will be required to pay the difference in charges.

**Participating Provider** - Any Ophthalmologist, Optometrist or Optician acting within the scope of his or her license who has entered into a payor arrangement with ReliaStar Life and has been appointed and designated by ReliaStar Life as a Participating Provider.

**Policyholder** - The employer.

**Prescription Change** - At least one of the following standards must be met to qualify as a covered prescription change:

- a change of 0.50 diopters minimum in one eye, or 0.50 diopters minimum total in both eyes.
- a difference in vertical prism of greater than 1 prism diopter.
- a change in axis or astigmatism of a minimum of 15 degrees.

**Radial Keratotomy** - An operation to improve myopia (nearsightedness) by changing the curvature of the cornea over the pupil.

**ReliaStar Life** - ReliaStar Life Insurance Company.

**Standard Lens** - Any lens which will fit any frame with an eyesize less than 61mm.

**Standard Frame** - Any frame that has a retail value of \$140.00 or less.

**You, Yours** - The insured.

## ■ *Eligibility*

### **Eligible Class**

Employees of the Policyholder: (1) whose normal work week is at least 20 hours, and (2) who are expected to work 4 ½ months are members of the Eligible Class. Employees include retirees and certain graduate students.

Dependents of eligible Employees who are eligible for coverage are members of the Eligible Class.

### **Eligibility for Coverage**

Members of the Eligible Class qualify for coverage: (1) on the effective date of the Group Policy; or (2) the next plan year.

Eligible dependents qualify for coverage on the latter of: (1) the date you qualify for coverage; or (2) the next plan year.

Eligible employees and eligible dependents must first be enrolled in the plan to qualify for vision coverage.

### **Newborn Infant Coverage**

A Dependent born while the coverage is in force for an Insured is covered from the moment of birth for vision conditions. If any additional premium is required, a notice of birth together with the additional premium must be submitted to ReliaStar Life. This must be done within 31 days after the date of birth in order to continue coverage beyond the 31-day period.

### **Adopted Children Coverage**

A dependent child placed with you for adoption while this coverage is in force shall be covered from the first of the month coinciding with or next following the date of such placement. Such coverage will continue, unless the placement is disrupted prior to legal adoption and the child is removed from placement. If any additional premium is required, a notice of placement for adoption together with the additional premium must be submitted to ReliaStar Life. This must be done within 31 days after the date of such placement in order to continue coverage beyond the 31-day period.

### **Insureds Contributions**

Employees are required to contribute to the cost of this Insurance. ReliaStar Life requires that each such employee who wishes to be insured sign an agreement that he or she will make the required contribution. The agreement must be in a form approved by ReliaStar Life.

## ■ *Eligibility (continued)*

### **Effective Dates**

If you request coverage within one month of employment, you shall be covered on the first of the month coinciding with or following the waiting period specified by the Policyholder. If you are confined for medical care or treatment at home or in a hospital on the date this coverage would otherwise become effective, coverage will be effective on the day of your return to an eligible class.

### **Exceptions**

You must be actively employed on the day the insurance is to take effect. This requirement also applies to increases in coverage. You will be considered actively employed on any non-working day if: (1) you are not disabled on that day; and (2) you were actively employed on the immediately preceding work day.

### **Continuation of Insurance - Leave of Absence**

If you are granted an approved leave of absence for a reason other than as included in the Family and Medical Leave Act of 1993, you may, by payment of the required premium to the Policyholder, continue this insurance for a maximum period of three months. With an approved extension, coverage may be continued for up to three additional months.

### **Continuation of Insurance - Otherwise Normal Cessation**

If a qualifying event occurs, you and your dependents may continue this insurance for the period shown below by paying the required premium to the Policyholder if your insurance ends.

In the case of an employee whose employment has been terminated or his or her hours reduced, the continuation of coverage period is 18 months beginning on the date of the qualifying event.

In the case of widows or widowers, spouses divorced or legally separated, spouses of Medicare eligible employees and dependent children who cease to qualify as dependents under the requirements of the plan, the continuation of coverage can be for a 36-month period, beginning on the date of the qualifying event.

Continuation of coverage will not be provided: (1) if the Policyholder ceases to provide any group vision plan to employees; or (2) if the employees or the dependents fail to make timely payment of any premium due; or (3) if the employee or the dependents become covered under another group vision plan or are entitled to Medicare benefits; or (4) in the case of a covered employee's spouse, if the spouse remarries and becomes covered by a group vision plan.

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## ■ *Eligibility (continued)*

### **Family and Medical Leave Act of 1993 (FMLA)**

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage and any dependents coverage you have under the Group Policy will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

### **Qualified Medical Child Support Orders (QMCSO)**

If you are insured under the Group Policy, you may enroll your child if you have a QMCSO. Coverage as a result of a QMCSO will end once the order is no longer in effect or if alternative comparable coverage is provided to the child without interruption.

### **Termination of Insurance**

ReliaStar Life may terminate the coverage of all employees of a Policyholder on any premium due date. ReliaStar Life will give the Policyholder at least 210 days advance written notice of such termination.

Once election is made, no termination can take place until the next plan year. The Group Policy must be in force on that date.

### **Termination Date**

Except as provided under the Continuation of Insurance Provisions the coverage of any insured will end automatically on the earliest of the following dates:

- the last day of the month in which the Insured ceases to be eligible for coverage;
- the last day of the month for which the required premium has been paid; or
- the date the Group Policy is terminated or discontinued.

Except as provided under the Continuation of Insurance Provisions the coverage of any dependent will end automatically on the earliest of the following dates:

- the last day of the month in which the dependent ceases to be an eligible dependent;
- the last day of the month for which the required premium has been paid; or
- the date the Group Policy is terminated or discontinued.

Termination of coverage will not prejudice any existing claim.

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## ■ *Vision Insurance*

Members are given the flexibility to seek eyecare services either through a Participating Provider or a Non-Participating Provider. Listed below are the steps which are necessary for receiving your vision benefits.

### **Choosing Your Participating Provider**

You will be provided with a list of Participating Providers to select from. You and each eligible dependent may select a different provider from the list.

### **How the Plan Works - Participating Provider**

Once you or your dependents elect to use a participating provider, you are encouraged to notify your provider that you are a member of the Superior Vision Plan at the time you make your appointment. This will enable the provider to call ahead to SVS for your authorization number. Eligibility must be confirmed prior to the provision of services as presentation of the I.D. card does not, in itself, guarantee eligibility.

It is recommended (but not required) that you use the I.D. card as it will facilitate the process of identification and it will also provide detailed information about your plan benefits. Your covered dependents are not provided individual I.D. cards but can use *your* I.D. card to identify themselves. Services *can* be provided without the use of an I.D. card after proper personal identification is made to the provider.

After eligibility is established, and an authorization number is received by the provider, services will be rendered. There is nothing else that you need to do except pay the provider directly for any appropriate co-pays or charges above the covered benefits. Your provider will take care of all of the paperwork.

### **Participating Provider Benefits**

When you receive treatment from a Participating Provider, the Group Policy provides benefits as listed in the Schedule of Benefits. This policy covers the full cost of one Comprehensive Exam, one pair of Standard Lenses and one Standard Frame in frequencies indicated in the Schedule of Benefits. Depending on the plan chosen, an additional Intermediate Exam, an additional pair of Standard Lenses, and/or an additional frame may be provided at 12 month intervals if a prescription change so indicates.

You do not pay the provider for plan benefits unless your plan has a copayment. If you seek services or materials not covered under this plan, then you pay the provider's charge less any allowance. Upon the completion of your exam please sign the form which will be completed by the provider.

## ■ *Vision Insurance (continued)*

### **Choosing a Non-Participating Provider**

Should you elect, you or your dependents may seek services from any licensed Ophthalmologist, Optometrist, and/or dispensing Optician who is not a Participating Provider.

### **How the Plan Works - Non-Participating Provider**

Once you or your dependents elect to use a Non-Participating Provider it is important that you first call **Superior Vision Services Member Service Department at 1-800-507-3800** to receive your own authorization number. You must then call your provider and make an appointment.

After receiving services and paying in-full for the examination and/or materials (you do not pay a co-pay to the non-network provider), submit your *original* itemized billing received from the provider, along with your authorization number, to the SVS Claims Administration office listed below.

You will be reimbursed according to the schedule of allowances for non-network providers, less any required co-pays.

**Member Services/Claims Administration Offices**  
**P.O. Box 967**  
**Rancho Cordova, CA 95741**

### **Non-Participating Provider Benefit**

When you receive treatment from a Non-Participating Provider, the frequency of services allowed, and the copayment, if any, will be the same as when received from a Participating Provider, but the maximum benefit payable shall be in accordance with the amounts shown in the Schedule of Benefits.

You will be responsible for all charges for services provided from a non-participating provider; **you do not pay the copayment to the provider.** Please make sure the provider completes their section of the claim form and that you complete your portion and sign the claim form. Please submit the claim form, with proof of services and charges to the address indicated on the claim form for reimbursement. Reimbursement will be made in accordance with the allowances outlined in the Schedule of Benefits, less the copayment amount.

## ■ *Schedule of Benefits*

Please see the insert located in the front of this booklet for the Schedule Of Benefits including:

- Copayment Amounts
- Benefit Frequency
- Covered Benefits

### **Comprehensive Examination**

The Comprehensive Examination must include, but is not limited to, the following:

- A. Case history.
- B. Visual health evaluation, to include:
  1. Internal and external examinations with direct and indirect ophthalmoscopy.
  2. Pupillary reflexes and motility evaluation.
  3. Biomicroscopy.
  4. Gross visual fields.
  5. Tonometry.
- C. Refractive state evaluation, to include:
  1. Visual acuity uncorrected and best corrected acuity.
  2. Subjective refraction with accommodative function.
  3. Objective refraction by retinoscopy or autorefractor.
  4. Keratometry.
- D. Binocular function.
- E. Diagnosis and treatment plan.

## ■ *Limitations and Exclusions*

### **Limitations**

Benefits for the materials listed below are limited and will be paid in accordance with the applicable Schedule of Benefits unless otherwise indicated at the time of employee or dependent eligibility verification. In each case, benefits for expenses that are fully covered by this plan can be applied toward the purchase of these materials:

- Replacement frames and/or lenses.
- Blended (no-line) and/or multi-focal lenses.
- Beveled and/or faceted lenses.
- Coated lenses.
- Polycarbonate lenses.
- Oversized lenses.
- Cosmetic lenses.
- Frames greater than \$140.00 retail price.

### **Exclusions**

The following conditions, procedures and/or materials are NOT covered unless otherwise indicated at the time of employee or dependent eligibility verification:

- Non-prescription (plano) eyewear.
- Vision training.
- Progressive lenses.
- Tints on lenses (except Rose or Pink tints #1 or #2).
- Low vision aids.
- Orthoptics.
- Eye exams required by an employer as a condition of employment.
- Services and materials provided by another vision plan.
- Conditions covered by workers' compensation.
- Frame cases.

## ■ *General Provisions*

### **Notice of Claim**

Written notice of claim must be given within 30 days after loss or as soon as reasonably possible. The notice can be given to ReliaStar Life at its home office in Minneapolis, Minnesota or to ReliaStar Life's agent, Superior Vision Services. Notice should include sufficient information to identify the Insured.

### **Claim Forms**

When ReliaStar Life or Superior Vision Services receives the notice of claim, ReliaStar Life or Superior Vision Services will send the forms for filing proof of loss. If these forms are not sent within 15 days, the claimant will meet the proof of loss requirement by giving ReliaStar Life or Superior Vision Services a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

### **Proof of Loss**

Written proof of loss must be given to ReliaStar Life or Superior Vision Services within 90 days after the date of loss. If it was not possible to give written proof in the time required, ReliaStar Life or Superior Vision Services will not deny the claim for this reason if the proof is filed as soon as reasonably possible.

### **Payment of Claims**

If the Group Policy provides coverage of a claimant as a dependent of a parent who has legal responsibility for the dependent's medical care, and such parent does not have custody of the dependent, ReliaStar Life may, upon request of the custodial parent, make the payments directly to the provider of care. Any payments so made will release ReliaStar Life from all further liability to the Insured to the extent of the payments made.

Benefits for other losses are paid to the Insured. Any accrued benefits unpaid at the Insured's death will be paid to the Insured's estate.

### **Time of Payment**

ReliaStar Life will pay immediately, or within 60 days following receipt of due written proof of loss, all benefits due under the Group Policy.

## ■ *General Provisions (continued)*

### **Overpayment**

If ReliaStar Life pays a benefit under the Group Policy and it is later shown that a lesser amount should have been paid, ReliaStar Life will be entitled to a refund of the excess. This applies to payments made to you, to your insured dependent, or to the provider of vision services, supplies and treatment.

### **Legal Action**

No lawsuits may be brought to recover on the Group Policy until 60 days after written proof of loss has been given to ReliaStar Life. No lawsuit may be brought more than three years after proof is required to be filed.

### **Incontestability**

You or your insured dependent's insurance has a contestable period starting with the effective date of the insurance and continuing for 2 years while you or your insured dependent are living. During that 2 years, ReliaStar Life can contest the validity of you or your insured dependent's insurance because of inaccurate or false information received relating to you or your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

### **Conformity to Law**

Any provision of the Group Policy which, on its Effective Date, is in conflict with the statutes of the jurisdiction in which it was issued is changed to conform to the minimum standards of those statutes.