

**SECURITY LIFE INSURANCE COMPANY OF AMERICA**  
**Minnetonka, MN 55343-9137**

**Certificate of Group Insurance**

This is the certificate of group insurance for persons who are insured under the Policy identified above. The benefits described in this certificate will be applicable to Your Dependents, only if Dependent benefits are provided and only if You make application to have Your Dependents insured.

**GENERAL INFORMATION**

This certificate explains the plan of insurance underwritten by Security Life Insurance Company of America. Read it closely to become familiar with Your coverage. In the Policy and this certificate the masculine pronouns include both masculine and feminine gender unless the context indicates otherwise.

Important Notice - Unless otherwise stated, benefits are payable only for expenses incurred while Your coverage is in force.

No agent has the right to change the Policy or to waive any part of it.

The Policy is not assignable, except with Our prior written consent.

The Policy, under which this certificate is issued, may be amended or canceled at any time as stated in its provisions. Such an action may be taken without the consent of or notice to any person who claims rights or benefits under the Policy.

The insurance under the Policy does not take the place of nor does it affect any requirements for coverage by Worker's Compensation or a similar type of insurance.

Signed for Security Life Insurance Company of America.



President

**GROUP VISION INSURANCE**

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## DEFINITIONS

**Annual Deductible** - means an amount of charges an Insured must incur each year before We start paying benefits.

**Claim Form** - means a form provided by Us for the purpose of filing a claim for payment.

**Co-payment** - means the dollar amount an Insured is required to pay, if any, when a Service is rendered or Materials are purchased.

**Dependent** - means any of the following persons:

1. Your spouse;
2. Each unmarried child from birth to age 19 who is primarily dependent on You for support and maintenance and each unmarried child 19 years of age to age 25 who is primarily dependent on You for support and maintenance, if a full-time student. A full-time student is one who is enrolled at least 12 semester hours for credit in the case of an accredited university, college or junior college; and, in the case of a trade school, is enrolled in a course requiring attendance of 20 or more hours weekly for six or more months; or
3. Each unmarried child at least 19 years of age:
  - a. who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap;
  - b. who was incapacitated and insured under the Policy on his 19th birthday; and
  - c. who continues to be incapacitated beyond his 19th birthday.

**Eligible Expenses** – means covered vision care expenses.

**Insured** - means You and Your Dependent covered under the Policy.

**Materials** - means lenses, frame, low vision aids and contact lenses.

**Necessary** - means that a Services rendered or Materials furnished are necessary and appropriate for the based on generally accepted current practice. A Service or supply will not be considered Necessary if: a) provided only as a convenience to the Insured or provider; or b) not appropriate for the diagnosis or symptoms.

**Orthoptics** - means the teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.

**Policy** - means the Policy issued to the Policyholder.

**Service** - means an examination, Material selection, fitting of glasses, related adjustments, etc.

**Schedule** - means the part of this certificate showing what is covered.

**Reasonable and Customary** – means the usual, customary and regular charges for the area where such expenses are incurred.

**We, Our, Us** - means Security Life Insurance Company of America.

**You, Your, Yours** - means the Certificate holder.

*Whenever a personal pronoun in the masculine gender is used herein, it shall be deemed to include the feminine also, unless the context clearly indicates the contrary.*

## CONDITIONS FOR INSURANCE

**Your Coverage Starts** – Coverage for You and/or Your Dependent will start on the later of:

1. the first of the month following the date first eligible; or
2. the date We accept Your enrollment, if you do not enroll within 31 days of Your becoming eligible.

Your Dependents are eligible for coverage on the date You are eligible or on date You first acquire a new Dependent.

**Newborn Infant Coverage** - Your newborn child is covered from the moment of birth. If any additional premium is required, a notice of birth together with the premium must be submitted to Us. This must be done within 31 days after the date of birth to continue coverage beyond the first 31-day period.

**Adopted Children Coverage** - A child placed with You for adoption is covered from 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 premium is required, a notice of placement for adoption together with the premium must be submitted to us. This must be done within 31 days after the date of such placement to continue coverage beyond the 31-day period.

**Your Coverage Ends** - Coverage for You and/or Your Dependent will end on the earlier of:

1. the last day of the month in which You cease to be eligible for coverage;
2. the last day of the month in which Your Dependent is no longer a Dependent as defined;
3. subject to the grace period provision, the last day of the month for which the required premium has been paid by You or on Your behalf; or
4. the date coverage ends for any class or group to which You belong ; or
5. he date You turn 65; or
6. the date the Policy ends.

If Your coverage ends it will not prejudice any existing claim.

If You voluntarily end Your coverage and wish to re-enroll at a later date, We may require a 2 year waiting period. Your 2 year waiting period will begin on the date Your insurance ended.

## COORDINATION OF BENEFITS

If any person under the Policy (referred to as "this Plan") is also covered under one or more other plans, the benefit under this Plan will be coordinated with benefits payable under all other plans.

This coordination will apply in determining the benefits payable for any Claim Period if the sum of:

1. the benefits that would be payable under this Plan in the absence of coordination; and
2. the benefits that would be payable under all other plans without provisions for coordination in those plans would exceed such benefits.

Except as provided in the following paragraph, when Coordination of Benefits is applied to the benefits payable for any Claim Period, the benefits that would be payable for Eligible Expenses under this Plan in the absence of Coordination of Benefits will be reduced to the extent necessary so that the sum of those reduced benefits and all the benefits payable for those Eligible Expenses under all other plans will not exceed the total of those Eligible Expenses. Benefits payable under all other plans include the benefits that would have been payable had a claim been properly made for them.

The rules establishing the order of benefit determination are:

1. The benefits of a plan covering a person for whom claim is made other than as a dependent will be determined before the benefits of a plan covering such person as a dependent.
2. Except as stated in (3) below, when this Plan and another plan cover the same child as a dependent of different persons, called "parents":
  - a. the benefits of the plan of the parent whose birthday falls earlier in a year are determined before those of the plan of the parent whose birthday falls later in that year; but
  - b. if both parents have the same birthday, the benefits of the plan covering the parent longer determined before benefits of the plan covering the other parent for the shorter period of time. However, if the other plan does not have the rule described in a. above, but instead uses a different method, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits.

3. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for such child are determined in this order:
  - a. first, the plan of the parent with custody of the child;
  - b. then, the plan of the spouse of the parent with custody of the child; and
  - c. finally, the plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of such parent has actual knowledge of those terms, the benefits of that plan are determined first. This does not apply with respect to any Claim Period or plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

4. The benefits of a plan covering a person as an employee who is neither laid-off nor retired (or as that employee's dependent) are determined before those of a plan which covers that person as a laid-off or retired employee (or as the employee's dependent). If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule 4. is ignored.
5. If none of the above rules determines the order of benefits, the benefits of a plan which has covered the person for whom claim is made for the longer period of time will be determined before the benefits of a plan covering the person the shorter period of time.

If We are responsible for secondary coverage for Eligible Expenses, We will not deny coverage or payment of the amount We owe as secondary payer solely on the basis of the failure of another group contract, which is responsible as the primary payer, to pay for such Eligible Expenses. This will not require Us to pay the obligations of the primary payer.

For the purposes of administering the above provisions of this Plan or any similar provisions of other plans, We may, without consent or notice to any person, release to or obtain from any other insurance company, organizations or person, any information concerning any individual which We consider necessary.

Any person claiming benefit under this Plan will furnish Us with any information necessary.

Whenever payments which should have been made under this Plan in accordance with the above provisions have been made under any other plans, We will have the right, at Our sole discretion, to pay any organizations making these payments any amount We determine to be due. Amounts paid in this manner will be considered to be benefits paid under this Plan and, to the extent of these payments, We will be fully discharged from liability under this Plan.

Whenever payments have been made by Us, for Eligible Expenses in a total amount in excess of the maximum amount of payment necessary to satisfy the intent of the above provisions, We will have the right to recover the excess from one or more of the following: (1) other insurance companies; (2) other organizations; or (3) persons to or for whom payments were made.

**BENEFITS SUBJECT TO COORDINATION.** All benefits provided under the Policy are subject to coordination.

**DEFINITIONS.** The following definitions apply only to this Coordination of Benefits section:

1. The term "plan" means coverage providing hospital, medical or vision benefits or services by:
  - a. group or blanket insurance coverage except school accident coverage;
  - b. group Blue Cross, group Blue Shield, group practice or other pre-payment coverage on a group basis; or
  - c. any coverage under labor-management trustee plans, union welfare plans, employer organization plans or employee benefit plans.

The term "plan" will be construed separately for a policy, contract, or other arrangement for benefits or services that reserves the right to take the benefits or services of their plans into consideration in determining its benefits, or separately for that portion which does not reserve the right.

2. The term "Eligible Expense" means any necessary, reasonable and customary item of expense all or part of which is covered under one of the plans. When a plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered will be considered to be both an Eligible Expense and a benefit paid.
3. The term "Claim Period" means a calendar year or portion of a calendar year for a claim on a person covered under this Plan.

## GENERAL PROVISIONS

**Right to Contest** - All statements made by the Policyholder or by any Insured are deemed representations and not warranties. No such statement will be used in any contest under the Policy unless it is contained in a written instrument and a copy of such instrument is or has been furnished to such person or his beneficiary, if any.

The validity of coverage under the Policy cannot be contested, except for non-payment of premiums, after it has been in force for two years from its effective date. No statement, except a fraudulent misstatement, made by any Insured will be used to contest the validity of his coverage after such coverage has been in force for a period of 2 years during such Insured's lifetime, nor unless it is contained in written instrument, signed by him, and a copy of such instrument is or has been furnished to him, his beneficiary or his representative.

**Conformity to Law** - If any provision of the Policy is contrary to any law to which it is subject, the provision is amended to conform to the minimum requirements of such law.

**Notice of Claim** - Written notice of claim must be given to Us within 30 days of the date such loss begins. Notice must be given to Us with enough information to identify the Insured. Failure to file such notice within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give notice within such time. However, the notice must be given as soon as reasonably possible.

**Claim Forms** - When We receive the notice of claim, We 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 Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.

**Proof of Loss** - Written proof of loss must be given to Us not later than 90 days after the date of such loss. Failure to give such proof within such time will not invalidate nor reduce any claim if it was not reasonable possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible, but in no event, except in the absence of legal capacity of the claimant, later than 1 year from the date of time such proof is otherwise required.

**Physical Exam** - We, at our own expense, will have the right and opportunity to examine the person whose loss is the basis of claim under the Policy when and so often as We may reasonably require while the claim is pending.

**Time of Payment of Claim** - Subject to due proof of loss, benefits provided by the Policy will be paid within thirty 30 days after receipt of such due written proof.

**Legal Action** - No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with this Policy. No such action will be brought after the expiration of two years after written proof of loss is required to be furnished.

**Records** - We have the right at all reasonable times to inspect such records of any insured group under the Policy as We deem necessary for the administration of the Policy.

## PREMIUMS

**Premium Payments** - Premiums are payable on a monthly basis, unless We agree to some other mode of payment. Premiums must be paid to Us at Our Home Office or to Our designated representative. The payment of any premium will keep the coverage under the Policy in force to the next premium due date, subject to the Grace Period provision.

**Grace Period** - A Grace Period of 31 days will be granted for the payment of premiums after the first premium. The coverage under this Policy will continue in force during such Grace Period, but the Insured will be liable for the premium for any period such coverage continues in force, provided written notice of termination has not previously been given Us.

**Change in Premiums** - We have the right to change the premium rates on any premium due date of the Policy. We will give written notice to the Policyholder at least 31 days in advance of any such change.

## Schedule

**ELIGIBLE EXPENSES:** We will pay for Eligible Expenses You incur by or on behalf of You or any Dependent while covered under the Policy.

**A. SERVICES:** include, but are not limited to:

1. Vision Examinations - Each Insured is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. We will cover such Service once every 12 months for adults and once in every 12 months for a Dependent child under age 19. Where the vision examination shows new lenses or frames or both are Necessary for proper visual health, such Materials will be covered, together with certain Services as Necessary..
2. Prescribing and Ordering Proper Lenses.
3. Assisting with Selection of Frames.
4. Verifying Accuracy of Finished Lenses.
5. Proper Fitting and Adjustments.

**B. MATERIALS:**

1. **LENSES** - We will pay for new prescription for Standard Lens, if required by a change in prescription, once every 12 months for adults and once in every 12 months for a Dependent child under age 19.
2. **FRAMES** - We will pay for new Standard Frames once every 12 months for adults and once in every 12 months for a Dependent child under age 19.
3. **CONTACT LENSES** - When an Insured chooses contact lenses, Payment will be IN LIEU OF ALL OTHER MATERIALS BENEFITS.

THE LENS ALLOWANCE EQUALS 2 LENSES. IF ONLY 1 LENS IS NEEDED THE ALLOWANCE WILL BE 1/2 THE LENS ALLOWANCE.

**C. WHAT IS COVERED:** We cover:

1. The Services rendered and Materials furnished by a **Preferred Provider**. A **Preferred Provider** is a licensed provider who has contracted to accept, as full payment, Your co-payment and the contracted payment from Us. We will pay benefits if the Services are rendered or Materials furnished in, at or by a **Preferred Provider**. Use of a **Preferred Provider** does not guarantee that all expenses will be covered under the Policy. **Preferred Provider** locations are identified by contacting the Administrators office or website.

Services and Materials will be covered at the benefit levels for a **Non-Preferred Provider** when: a] the provider rendering the Service or furnishing the Materials is no longer a **Preferred Provider**; or b] the Insured elects not to use the Services or Materials of the **Preferred Provider**.

2. The Services rendered and Materials furnished by a **Non-Preferred Provider**. A **Non-Preferred Provider** is a licensed provider NOT under contract with Us. After the applicable co-payment and deductible, if any, We will pay the Reasonable and Customary charge for the following Services and Materials, up the scheduled amount shown below:

Benefits will be payable the same as for a **Preferred Provider** when: a] a **Preferred Provider** refers the Insured to a **Non-Preferred Provider** because the **Preferred Provider** is unable to render the Necessary Service or furnish the Necessary Materials; or b] a **Non-Preferred Provider** is on call in the absence of the **Preferred Provider**.

# Schedule

THE SCHEDULED AMOUNTS SHOWN ARE MAXIMUMS. THE ACTUAL AMOUNT TO BE PAID FOR ANY SERVICE OR MATERIAL WILL BE THE LESSER OF THE SCHEDULED AMOUNT FOR SUCH SERVICE RENDERED AND/OR MATERIALS PURCHASED, OR THE ACTUAL AMOUNT CHARGED

THERE IS NO ASSURANCE THAT THE SCHEDULED AMOUNT WILL BE SUFFICIENT TO PAY THE FULL COST OF THE SERVICE RENDERED OR THE MATERIALS SELECTED.

THE AMOUNTS SHOWN ARE MAXIMUM. THE ACTUAL AMOUNT TO BE PAID WILL BE THE LESSER OF THE SCHEDULED AMOUNT FOR THE SERVICE RENDERED AND/OR MATERIALS FURNISHED, OR THE ACTUAL AMOUNT CHARGED.

**Limitations** - In no event will payment exceed the lesser of:

1. the actual cost of covered Services or Materials; or
2. the limits of the Policy, shown in this Schedule.

**Exclusions** - We will not cover:

1. Orthoptic or vision training and any associated supplemental testing.
2. Plano lenses.
3. Lens Coatings
4. Two pair of glasses, in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
7. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
8. Customization of bifocal lenses to a progressive or no-line lens
9. Photo-chromatic lenses
10. Sub-normal vision aids or non-prescription lenses.
11. Services rendered or Materials purchased outside the U.S. or Canada, unless:
  - a) the Insured resides in the U.S. or Canada; and
  - b) the charges are incurred while on a business or pleasure trip.
12. Eyeglasses when the change in prescription is less than .5 Diopter.
13. Charges in excess of the Usual and Customary charge for the Service or Materials.
14. Charges incurred after:
  - a) the Policy ends; or
  - b) the Insured's coverage under the Policy ends, except as stated in the Policy.
15. Experimental or non-conventional treatment or device.
16. Spectacle lens treatments or "add-ons", except solid tints (#1 & #2), and oversize lenses.
17. High Index lenses of any material type.
18. Lost or broken Materials, except when replaced at normal intervals when Services are available.

## BENEFIT SUMMARY

### CO-PAYMENTS:

**Exam** \$00    **Lens** \$00

### FREQUENCY OF SERVICES:

**Exam** 12 Months    **Materials** 12 Months

### MAXIMUM ALLOWANCES:

#### PREFERRED PROVIDER:

**Frame**                    \$100  
**Contact Lenses**    \$100

#### NON-PREFERRED PROVIDER:

**Vision Exam**                    \$30  
**Frames**                            \$40  
**Single Vision Lenses**        \$25  
**Bifocal Lenses**                \$45  
**Trifocal Lenses**               \$55  
**Contact Lenses**                \$75