Welcome to the AVESIS VISION PLAN

Infoweb Systems, Inc.

You have joined millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!

In-Network Vision Benefits

Vision Examination	
Frame (within plan allowance)	
Spectacle Lenses	**Covered in Full**
Standard Single Vision	after co-pay(s)
Standard Bifocal	
Standard Trifocal	
Standard Lenticular	
Contact Lenses	no co-pay for contacts
Elective (up to plan allowance)	
Medically Necessary (prior authorization required)	

Progressive lenses - up to 20% off retail, plus a $50 allowance
Specialty lenses - up to 20% off retail, plus the corresponding standard lens payment

Lens Options[1]	**Discounted Items***
Laser Vision Correction[2]	
Additional Purchases[3]	

Benefit Frequency

Vision Exam	Every 12 Months
Spectacle Lenses	Every 12 Months
Frames	Every 24 Months
Contact Lens Allowance	Every 12 Months

*not insured benefits
[1] up to 20% off on all lens options (except Wal-Mart)
[2] 5% - 25% off on laser vision correction
[3] up to 20% off on all additional purchases or items not covered (except Wal-Mart)

Avēsis
A National Vision and Dental Company

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

Plan Allowances

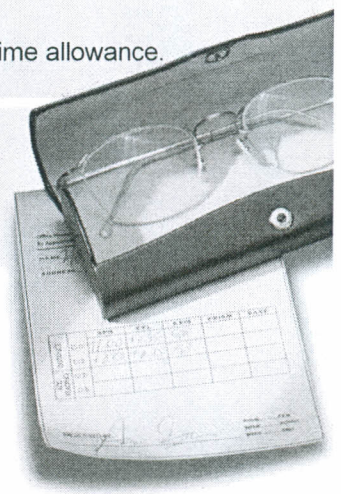
FRAME
Members receive any frame with an approximate retail value between **$100 - $150** (up to a $50 wholesale allowance).
Frames from participating Wal-Mart locations are covered up to a $68 retail value.

CONTACT LENSES
(In lieu of spectacle lenses and frames)
Members receive a contact lens allowance of **$130** which can be used for materials and services.

LASIK SURGERY
(In lieu of all other services for the benefit year)
Discount[2] plus **$150** one-time/lifetime allowance.

Co-pays

Vision Examination	**$10.00**
Materials	**$15.00**



Rates

Employee Paid Rates Per Month

Employee Only	**$ 0.00**
Employee + Spouse	**$ 5.18**
Employee + Child(ren)	**$ 7.60**
Employee + Family	**$11.05**

Out-of-Network Reimbursement

EXAM	SPECTACLE LENSES		FRAME	CONTACT LENSES	
$35.00	Standard Single Vision	$25.00	$45.00	Elective	$130.00
	Standard Bifocal	$40.00		Medically Necessary	$250.00
	Standard Trifocal	$50.00			
	Standard Lenticular	$80.00		**LASIK**	
	Progressive	$40.00			
	Specialty Lenses	Corresponding Standard Lens Reimbursement		LASIK Surgery	$150.00

All reimbursement amounts listed above are up to the posted dollar amount.

Effective Date: 3/1/2013
Group Number: Assigned
Plan #: 933

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Infoweb Systems, Inc.
Group Number: assigned
Plan Number: 933

AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company *Kansas City, Missouri*

Policy No. VC-16/VC-23

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name	*Employee First Name*	*MI*

Date of Birth	*Social Security Number*	*Sex*
/ /	- -	☐ Male ☐ Female

Street Address	*Apartment No.*

City	*State*	*Zip Code*
		-

Do you wish to cover your eligible dependents? ☐ Yes ☐ No

If yes, complete the following:

	Dependent Name FIRST	LAST	*Date of Birth*
Spouse / Domestic Partner			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /
Child			/ /

☐ *I would like to cover additional eligible dependents* (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.
I certify that I am eligible to participate and that the above information is correct.

Signature	*Date* / /

A-00713 M-9004/M-9059

By signing above, I understand that I must remain enrolled during the Benefit Plan period.

TO BE COMPLETED BY THE EMPLOYER

☐ **New Enrollment**	☐ **Add** ○ Dependent(s)	☐ **Change** ○ Address ○ Phone ○ Name ○ COBRA	☐ **Cancel Coverage** ○ Policy Holder ○ Dependent(s)

Reason for Change ☐ Employment Status
☐ Qualifying Event: (PLEASE STATE) _____

Requested Effective Date / /	*Date of Employment* / /

06/09