Vision Insurance Plan 3

Good news about vision benefits for employees of
Birmingham Southern College

Did you know?
• 50% of the U.S. population requires corrective lenses.¹
• Nearly 40% of consumers fear not being able to afford adequate vision treatment without a
vision plan, so they may postpone or avoid care because of the cost.²

Your Vision Insurance Plan
As a valued employee of Birmingham Southern College, you have the opportunity to enroll in
a payroll-deduction vision program.

Plan Features:
• Doctors who offer flexible hours and office settings
• Eyewear choices we believe you’ll love
• Access to the largest national network³ of private-practice eye care doctors in the industry
through Vision Service Plan (VSP).

How the Plan Works
Employees get the most from their vision benefits when they visit a VSP doctor. VSP’s doctor
network offers a wide choice of private practice optometrists, ophthalmologists, and opticians.
A VSP provider can be located by visiting vsp.com or call VSP’s Member Services
department at 800.877.7195.

If you visit an in-network provider for services and materials, you don’t need an ID card or
have forms to complete. If you visit an out-of-network provider for services and materials,
you’ll be required to pay the full amount to the provider at that time. You can then submit a
claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

IMPORTANT:
Coverage for eligible employees will begin January 1, 2014. You must sign up by the
Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary
date.

¹Transitions Optical, Inc. 2009
2006; 124:1754-1760.
³Netminder as of March 29, 2010

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major
medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and
limitations apply. We can cancel the policy after giving the policyholder advance written notice.

This notice only applies to employers with 50 or fewer employees:

This coverage does not include the pediatric vision essential health benefit as required under the federal
Patient Protection and Affordable Care Act.

Assurant Employee Benefits is the brand name used for insurance products underwritten and
issued by Union Security Insurance Company.
Assurant Employee Benefits Plan 3
A summary of vision care benefits for the employees of Birmingham Southern College

Cost for Vision Insurance

<table>
<thead>
<tr>
<th></th>
<th>MONTHLY Cost*</th>
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<tbody>
<tr>
<td>For you</td>
<td>$8.24</td>
</tr>
<tr>
<td>For you and one dependent</td>
<td>$19.28</td>
</tr>
<tr>
<td>For you and two or more dependent</td>
<td>$24.55</td>
</tr>
</tbody>
</table>

* Your actual cost may vary depending upon your employer’s contribution towards the cost of the plan.

<table>
<thead>
<tr>
<th>Vision Insurance Schedule</th>
<th>Benefit</th>
<th>Frequency</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam – focuses on your eye health and overall wellness</td>
<td>Every 12 months</td>
<td>$10 copay</td>
<td>Up to $52</td>
<td></td>
</tr>
</tbody>
</table>
| Laser Vision Correction Discount | Once per eye per lifetime | • Average 15% off the regular price or 5% off the promotional price.  
• Discounts only available from contracted facilities. | N/A |
| Lenses | Every 12 months | $25 copay (for lenses and frame) |
| Single | | |
| Lined Bifocal | | |
| Lined Trifocal | | |
| Lenticular | | |
| Frames | Every 24 months | $130 allowance for frames of your choice and 20% off the amount over your allowance. | $57 |
| Elective Contact Lenses | Every 12 months | $130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained. | Up to $105 |
| Contact lenses are in place of lenses and frame. |
| Additional Glasses and Sunglasses Discount | 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam. | N/A |
Locating an In-Network VSP Doctor
You get the most from your vision benefits when you visit a VSP doctor. You’ll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit
Once enrolled, simply tell your VSP doctor you’re a member and they will handle the rest. No ID cards required!

Out-of-Network Providers
If you see a non-VSP provider, you’ll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility
You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility
Those qualified to be covered under your vision plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants
If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.
Limitations & Exclusions

Limitations
In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision Insurance Schedule.

The allowance for lenses shown in the Vision Insurance Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- Progressive multifocal lenses.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- Certain limitations may apply to low vision care benefits.
- A frame that costs more than the plan allowance.
- Contact lenses (except as noted in the Vision Insurance Schedule).

General Exclusions
Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing.
- Plano lenses.
- Two or more pairs of glasses, in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision Insurance Schedule.
- Materials, services or options not shown in the Vision Insurance Schedule.
- Treatment or materials of an experimental nature.