

Group Vision Insurance for 2-99 lives

administered by:



GettHealth Insurance Services, Inc.

Providing employer group insurance coverage at competitive rates since 1982. GettHealth is administered by Gettysburg Health Administrators, Inc. which currently services group plans covering more than 25,000 employees and their dependents.



Administration by:



Gettysburg Health Administrators, Inc.
34 Locust Avenue Street, PO Box 1060
Gettysburg, PA 17325-1060
(800) 497-4474
www.GettHealth.com

Claims Processed and Administered by:



VSP
3333 Quality Drive
Rancho Cordova, CA 95670
(800) 852-7600
www.VSP.com

Your eyecare benefit is brought to you by Gettysburg Health Administrators and VSP.

VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

VSP EXAM PLUS PLAN SUMMARY & RATES



BENEFIT	LEVEL OF COVERAGE	GENERAL DESCRIPTION
Eye Exam	Covered in full¹	VSP offers a thorough eye exam due to the important role that a regularly scheduled eye check-up can play in protecting visual and general wellness.
Lenses and Frames	20% discount	VSP members will receive a 20 percent discount on complete sets of prescription glasses and lens options. If the patient selects a frame that is not in the VSP doctor's inventory, the doctor can typically order it.
Contact Lens Services	15% discount , off a VSP doctor's professional services	VSP doctors provide a 15 percent discount off the professional fitting and evaluation services for prescription contact lenses. Any additional costs are the patient's responsibility.
Laser VisionCare Program SM	Discounts and educational materials available	VSP has contracted with doctors, surgeons and laser centers to provide a discounted fee for laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and custom LASIK. Discounts vary by location, but will average 15 percent off of the contracted laser center's usual and customary price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5 percent off of the promotional price.

Employer Groups with 2-99 employees 75% Employee Participation / 50% Employer Paid				
Frequency	Copay	Rates		
		Single	Employee & 1 Dependent	Family
Exam – 12 months	\$10 exam	\$0.86	\$1.73	\$2.77

Voluntary 10-99 employees Min. 25% Employee Participation / 0% Employer Paid				
Frequency	Copay	Rates		
		Single	Employee & 1 Dependent	Family
Exam – 12 months	\$10 exam	\$0.99	\$1.96	\$3.17

¹When an exam and/or materials are received from a VSP Doctor, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected that the plan does not offer. Optional items may include, but are not limited to, oversize lenses (61 mm or larger), tinted or photochromic lenses, no-line multi-focal lenses, or a frame which exceeds the plan allowance.

VSP SIGNATURE PLANSM SUMMARY



BENEFIT	LEVEL OF COVERAGE	GENERAL DESCRIPTION								
Eye Exam	Covered in full¹	VSP offers a thorough eye exam due to the important role that a regularly scheduled eye check-up can play in protecting visual and general wellness.								
Lenses: <ul style="list-style-type: none"> • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular Lenses 	Covered in full¹	Lenses in glass or plastic are covered in full. Dependent children of VSP members are also eligible for polycarbonate lenses covered in full, the safest, strongest and most commonly recommended lens on the market for children. VSP doctors also extend cost controls on lens options, saving our members an average of 20 percent off their usual fees. Cost-controlled options include: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">- Blended lenses</td> <td style="width: 50%;">- Oversized lenses (over 60MM)</td> </tr> <tr> <td>- Scratch-resistant coating</td> <td>- Progressive multifocal</td> </tr> <tr> <td>- Anti-reflective coating</td> <td>- Photochromic or tinted lenses other than Pink 1 or 2</td> </tr> <tr> <td>- UV protected lenses</td> <td></td> </tr> </table> Additionally, VSP members will receive a 20 percent discount on additional complete sets of prescription glasses.	- Blended lenses	- Oversized lenses (over 60MM)	- Scratch-resistant coating	- Progressive multifocal	- Anti-reflective coating	- Photochromic or tinted lenses other than Pink 1 or 2	- UV protected lenses	
- Blended lenses	- Oversized lenses (over 60MM)									
- Scratch-resistant coating	- Progressive multifocal									
- Anti-reflective coating	- Photochromic or tinted lenses other than Pink 1 or 2									
- UV protected lenses										
Frames	Covered in full up to \$120 allowance¹ 20% discount on amounts exceeding retail allowance	To ensure the utmost choice and value, our frame allowances are based on wholesale prices and communicated to members as a retail equivalent for ease of understanding. VSP's standard retail and wholesale allowances give patients substantial buying power and full coverage for more than 15,000 frames on the market today. If the patient selects a frame that is not in the VSP doctor's inventory, the doctor can typically order it.								
Contact Lenses	Elective Lenses: Covered in full up to \$120 Necessary Lenses: Covered in full	Contact lens services and materials are covered instead of a frame and lenses. The allowance applies to the contact lens exam (fitting and evaluation) and lenses. Additionally, VSP doctors provide an exclusive 15 percent discount off their professional services. Current soft contact lens wearers may qualify for a covered-in-full contact lens evaluation and initial supply of non-specialty replacement lenses, from VSP's list of popular brands, when visiting a VSP network doctor. Medically necessary contact lenses are covered in full from a VSP doctor with pre-approval from VSP if a medical condition prevents the member from wearing eyeglasses.								
Laser VisionCare SM Program	Discounts and educational materials available	VSP has contracted with doctors, surgeons and laser centers to provide a discounted fee for laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and custom LASIK. Discounts vary by location, but will average 15 percent off of the contracted laser center's usual and customary price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5 percent off of the promotional price.								

¹ When an exam and/or materials are received from a VSP Doctor, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected that the plan does not offer. Optional items may include, but are not limited to, oversize lenses (61 mm or larger), tinted or photochromic lenses, no-line multi-focal lenses, or a frame which exceeds the plan allowance.

VSP SIGNATURE PLANSM RATES



Employer Groups with 2-99 employees 75% Employee Participation / 50% Employer Paid					
Plan	Frequency	Copay	Rates		
			Single	Employee & 1 Dependent	Family
Plan B	Exam – 12 months Lenses – 12 months Frame – 24 months	\$10 Exam / \$15 Materials	\$8.65	\$17.33	\$27.90
Plan C	Exam – 12 months Lenses – 12 months Frame – 12 months	\$10 Exam / \$15 Materials	\$10.71	\$21.44	\$34.53

Voluntary 10-99 only employees Min. 25% Employee Participation / 0% Employer Paid					
Plan	Frequency	Copay	Rates		
			Single	Employee & 1 Dependent	Family
Plan B	Exam – 12 months Lenses – 12 months Frame – 24 months	\$10 Exam / \$15 Materials	\$9.86	\$19.68	\$31.71
Plan C	Exam – 12 months Lenses – 12 months Frame – 12 months	\$10 Exam / \$15 Materials	\$12.17	\$24.32	\$39.18

¹When an exam and/or materials are received from a VSP Doctor, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected that the plan does not offer. Optional items may include, but are not limited to, oversize lenses (61 mm or larger), tinted or photochromic lenses, no-line multi-focal lenses, or a frame which exceeds the plan allowance.

Underwriting Policies and Requirements

BENEFIT LIMITATIONS

Dependents are covered to age 19, full-time students to age 25. Children who become mentally or physically disabled and incapable of self-support before age nineteen (19) while covered by this contract or another contract are covered.

ADMINISTRATION FEE

\$7.50 per group per month

RENEWAL

VSP renewal date for all GettHealth visions plans is January 1 on even numbered years.

INELIGIBLE INDUSTRIES

Seasonal Employees Subcontractors / 1099 Employees

ELIGIBILITY

Full-time employees working a minimum of 30 hours per week.

COORDINATION OF BENEFITS

If a patient is covered by more than one vision plan, (whether it be another carrier or another VSP plan), and therefore has duplicate coverage, he/she may:

Receive two separate sets of service.

or

Choose to have both plans pay for one set of services. In this case the patient is "coordinating benefits."

DETERMINE PRIMARY AND SECONDARY PLAN

When a patient has duplicate coverage and wants to coordinate benefits, VSP must determine the order of assignment.

- The plan that covers the patient as an employee is "primary"
- The plan that covers the patient as dependent is "secondary"

If the patient is a dependent child and is covered under both parents' plans, the patient whose birth date falls first in the calendar year has the primary plan. If the parents are separated or divorced, the parent with custody is primary, or the parent decreed by the court to be responsible is primary.

PRIMARY PLAN

The primary plan must pay or provide its benefits as if the secondary plan or plans do not exist.

SECONDARY PLAN

If a VSP plan is the secondary plan, the patient will receive allowances (exam, lenses, and frame) that will be used to pay up to, but not more than the billed amount. Only services used on the primary benefit may be used for coordinating like services on the secondary benefit. Secondary allowances are applied first to the same service or product of the primary plan. WellVision benefits may only be coordinated with services provided for WellVision care.

COSMETIC OPTIONS:

- Progressive multifocal*
- Photochromic or tinted lenses other than Pink 1 or 2
(Included in Plan C)
- Other coated or laminated lenses*
- Certain limitations on low vision care
- Optional cosmetic processes
- Blended lenses*
- Scratch resistant coating*
- Anti-reflective coating*
- UV protected lenses*
- Oversized lenses (over 60mm)*

* Cosmetic options: Lens features not covered under the plan and chosen for cosmetic reasons, such as blended/progressive lenses, special lens tints or coatings are price controlled by VSP. These cost controlled prices can save our members an average of 20% off doctor's usual and customary.

EXCLUSIONS (services and materials not covered):

- Orthoptics or vision training and any associated supplemental testing
- Non-prescription lenses
- Two pairs of glasses instead of bifocals
- Complete pairs of glasses furnished under this program that are lost or broken
(except the normal intervals when services are otherwise available)
- Medical or surgical services, treatments, and materials

PLAN CHANGES

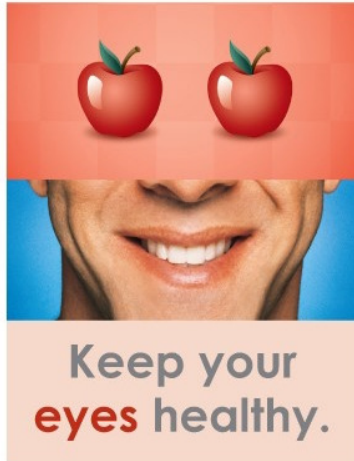
A group may change vision plans only after the group has been covered under their existing vision plan for a period of one year.

Eyecare *About You*

With VSP doctors, you'll enjoy quality, personalized care. Your VSP doctor will really get to know you *and* your eyes, helping you keep them healthy year after year.

**Everything
eyecare.
Visit vsp.com
today and see.**

Besides helping you see better, routine eye exams can detect symptoms of serious conditions such as glaucoma, cataracts and diabetes. Even tumors. And eye exams for children spot problems that can hinder learning and development.



Close to you. Big selection.

VSP network doctors are in medical offices and shopping centers — close to your home and work. And, they have a large frame and contact lens selection, whether you prefer classic styles or the latest fashions. Plus, most offer evening and weekend hours and accept drop-ins. New patients are always welcome!

Effortless benefits.

1. Choose a VSP doctor at vsp.com or call **800-877-7195**.
2. Make an appointment and tell the doctor you are a VSP member.
3. That's it! No ID cards or filling out claim forms.

Satisfaction. Guaranteed.

It's true: Your satisfaction *is* guaranteed. You'll *always* receive first-class customer service at VSP. And, if you're not completely satisfied with your service or eyewear, just let us know and we'll make it right.

**"Highest in Overall
Member Satisfaction
Among National Vision Plans,
Two Years in a Row"**

2004 National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005 National Vision Plan Member Satisfaction Study™. 2005 study based on 1,130 responses from members of large national vision care plans who were surveyed in July 2005. 2004 study conducted for VSP by J.D. Power and Associates. www.jdpower.com.

