

PROFESSIONAL GROUP PLANS
Business Solutions

PGP Affiliated Clients
New York

Small Business Vision Rates (2-99 lives)

For Effective Dates through December 31, 2011

- Our network includes private practices and retail chain locations including Cohen's and GVS.
- Members have access to over 25,000 doctors and 15,916 provider locations.

Vision Plan Benefits

Service	In-Network	Out-Of-Network	Plan Frequency
Eye Examinations	Covered in Full after a Plan A: \$10 co-pay Plan B: \$10 co-pay Plan C: \$15 co-pay	Reimbursement Up to \$40	Plan A: Once every 12 months Plan B: Once every 12 months Plan C: Once every 12 months
Prescription Lenses including: Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Covered in Full after a Plan A: \$10 co-pay Plan B: \$25 co-pay Plan C: \$30 co-pay	Reimbursement: Up to \$40 Up to \$60 Up to \$80 Up to \$80	Plan A: Once every 12 months Plan B: Once every 12 months Plan C: Once every 12 months
Eyeglass Frames	Members receive any frame with a retail value of up to \$150 (up to a \$50 wholesale allowance)	Reimbursement up to \$45	Plan A: Once every 12 months Plan B: Once every 24 months Plan C: Once every 24 months
Contact Lenses*	Members receive a contact lens allowance of \$110 which can be used for materials and services. For mail order replacement lenses see 1800AnyLens benefit below.	Reimbursement up to \$110 for elective contacts. For mail order replacement lenses see 1800AnyLens benefit below.	Plan A: Once every 12 months Plan B: Once every 12 months Plan C: Once every 12 months
Medically Necessary Contact Lenses**	100%	Reimbursement up to \$210	
Loss of Sight	If You or an eligible Dependent suffer a permanent and irrecoverable loss of sight in one or both eyes due to an Injury, We will pay a one-time benefit of \$500. The loss of sight must occur within 90 days of the Injury. Both the Injury and loss of sight must occur while You or the eligible Dependent suffering the loss are covered under the Policy.		
Additional Discounts	1) Includes a 20% discount on additional pairs of prescription glasses (including prescription sunglasses) 2) 20% discount on contact lens exam and fitting fee 3) Free Tint on Lenses at Cohen's or GVS store locations only		
1-800AnyLens/1800AnyLens.com (mail order replacement contact lenses)	ExcelVision members receive an additional 15% discount off our already low prices, by phone or internet. You and your family are also entitled to free shipping on any order over \$50.		
LASIK Benefits	ExcelVision has partnered with QualSight LASIK to bring its members savings of up to 50% off the national average price of traditional LASIK eye surgery. Most important, the price is set nationwide at QualSight providers.		
ICareLine	ExcelVision is the only plan to offer 24/7 telephonic access to licensed therapists who can support you and your family through any concerns regarding vision services or diagnoses.		

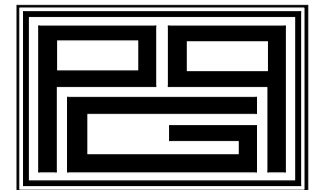
Monthly Vision Rates for PGP Affiliated Clients in New York

100% employer paid:	Plan A	Plan B	Plan C
Exam/Lenses*/Frames	12/12/12	12/12/24	12/12/24
Copay Exam/Materials	\$10/\$10	\$10/\$25	\$15/\$30
Employee	\$ 7.74	\$ 6.00	\$ 5.18
Employee + Spouse	\$ 13.16	\$ 9.97	\$ 8.82
Employee + Child(ren)	\$ 13.55	\$ 10.27	\$ 9.08
Employee + Family	\$ 19.35	\$ 14.67	\$ 12.97

Voluntary: min 2 enrolled	Plan A	Plan B	Plan C
Exam/Lenses*/Frames	12/12/12	12/12/24	12/12/24
Copay Exam/Materials	\$10/\$10	\$10/\$25	\$15/\$30
Employee	\$ 10.13	\$ 6.69	\$ 6.06
Employee + Spouse	\$ 19.74	\$ 12.98	\$ 11.81
Employee + Child(ren)	\$ 20.75	\$ 13.71	\$ 12.42
Employee + Family	\$ 28.85	\$ 19.06	\$ 17.26

*Contacts in lieu of prescription lenses every 12 months

**Prior authorization required for Medically Necessary Contacts



PROFESSIONAL GROUP PLANS
Business Solutions

PGP Affiliated Clients
New York
Small Business Vision Rates (2-99 lives)

- Our network includes private practices and retail chain locations including Cohen's and GVS.
- Members have access to over 25,000 doctors and 15,916 provider locations.

For Effective Dates through December 31, 2011

Participation and Contribution Requirements:

Employer Paid	75 - 100% employer contribution for both employees & dependents. At least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.
Voluntary	0 - 49% employer contribution for employees. No employer contribution requirements for dependents. Two eligible, only 1 to enroll.

- 24 month rate guarantee • Monthly premiums • 10% level broker commission is included

QualSight LASIK Preferred Pricing (not an insured benefit)	
Price Traditional Refractive Surgery	\$945.00
Price Traditional Refractive Surgery Lifetime Assurance	\$1,335.00
Price Traditional Refractive Surgery with IntraLase	\$1,395.00
Price Traditional Refractive Surgery with IntraLase Lifetime Assurance	\$1,695.00
Price Custom Refractive Surgery	\$1,370.00
Price Custom Refractive Surgery Lifetime Assurance	\$1,595.00
Price Custom Refractive Surgery with IntraLase	\$1,795.00
Price Custom Refractive Surgery with IntraLase Lifetime Assurance	\$1,995.00
Price Conductive Keratoplasty (CK)	\$995.00

This rate quote is not an offer or guarantee of coverage. The Insurance Policy and Application for coverage will form the contract between the insured and the insurance company, and the Certificate of Coverage issued to the policyholder will provide the legal description of coverage.

Certain benefits and programs may not be available in all states or for all group sizes.

ExcelVision is underwritten by Gerber Life Insurance Company in New York. Administrative Services are provided by Avesis. Plans sold in New York use Policy Form Number VIS-P-201G.



Gerber Life Insurance Company