

AIG Vision Care

For the Employees of

PACE

See the benefits of enrolling

Good vision care is important to you and your family, and PACE, is providing you with the benefits of AIG Vision Care, underwritten by members of the AIG Companies®.

This flexible, convenient coverage delivers quality coverage and greater choices—and enrolling couldn't be easier. Add to that first-class professional care, outstanding service and lowered rates — and the value of choosing the AIG Vision Care Program becomes even more clear.

Additional Savings for You and Your Family

A 20% discount is available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after covered benefits are rendered. The discount may be applied to charges for the frame or contact lenses (except disposable or replacement contact lenses) over the stated allowances. The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses. To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision at (800) 877-6372 or visit www.MESVision.com.

Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

AIG Vision Care Program includes:

- ▶ Benefits for services received from MESVisions' network of over 16,500 Providers nationwide with largest network providers in the state of California.
- ▶ National retail chains: For Eyes, Walmart, Target, LensCrafters, Pearle Vision, Sears, etc.
- ▶ Want to add your doctor? Call (800) 877-6372
- ▶ No ID card or Claims form needed for participants who obtain services within the network
- ▶ Discounts on LASIK surgery



Benefit Administrator:

MES is the benefit administrator and provides access to participating providers in all states.

- ▶ Customer Service: Monday - Friday, 8:00am - 5:00pm PST
- ▶ Toll free Customer Service: (800) 877.6372 or 714.619.4660
- ▶ Email: customerservice@mesvision.com or
- ▶ Visit MES's Web site: www.mesvision.com
- ▶ Mailing Address: PO Box 25209, Santa Ana, CA 92799-5209

AIG Vision Care		Program 1A/1B
	Participating Providers	Non-Participating Providers
Vision Exam	Every 12 months, Covered in Full	Every 12 months, Covered up to \$40
Lenses (Single Vision, Bifocal Trifocal, Lenticular)	Every 12 months, Covered in Full	Every 12 months, Covered up to: \$40 Single Vision \$60 Bifocal \$80 Trifocal \$125 Lenticular
Frames	Every 24 months, Covered up to \$90	Every 24 months, Covered up to \$45
Contact Lenses	Every 12 months, Covered up to \$105 Sub-Normal Optical Correction (Medically Necessary) - Lenses Covered in Full	Every 12 months, Covered up to \$105 Sub-Normal Optical Correction (Medically Necessary) - Lenses Covered up to \$210

Comprehensive Strength, Innovative Solutions®
Domestic Accident & Health Division



Did You Know:

- ▶ Computers are the #1 source of vision complaints in the workplace¹
- ▶ Routine Eye exams can also help detect conditions such as cancer, high blood pressure, and diabetes
- ▶ One of every four children has a vision problem. Early detection can enhance a child's growth and development²
- ▶ Material Usage: 64% use eyeglasses, 19% use contact lenses³
- ▶ Over 97% of all MES members use in network providers⁴

How to Use the Plan:

Receiving vision benefits through a MESVision administered vision plan is easy! Covered employees follow these simple steps to better vision:

1. Select a provider. Select a participating vision care provider by visiting www.MESVision.com. Obtaining services from a Participating Provider will maximize your benefits.
2. Make an appointment. Make an appointment with the Participating Provider of your choice and inform them of your vision coverage.
3. You're done! Your doctor will take care of the rest. The Participating Provider will contact MESVision to verify your eligible benefits and submit a claim for payment for services covered by your plan.

If Covered Services are received from a Non-Participating Provider, the patient is responsible for paying the Non-Participating Provider in full. Patients should submit an MESVision claim form, within 12 months from the date of service along with an itemized bill and a copy of the prescription to: PO Box 25209; Santa Ana, CA 92799. Claim forms are available at www.MESVision.com.

Language Capabilities: Cantonese, English, German, Japanese, Korean, Mandarin, Spanish, Tagalog, Vietnamese. In addition, MES has contracted with a HIPAA compliant interpreter service that can provide written or verbal interpretation of 150 languages through immediate third-party conference calls with the Customer Care Representative, the member and the interpreter.

Exclusions:

Benefits will not be payable under the Policy for expenses incurred for:

1. Professional services and/or materials in connection with:
 - a. Plano (non-prescription) lenses;
 - b. Sub-Normal vision aids;
 - c. Blended bifocals, no-line, or progressive addition lenses;
 - d. Compensated or special multi-focal lenses;
 - e. Anti-reflective, scratch, UV400, or any coating or lamination applied to lenses;
 - f. Tints, except as provided;
 - g. Orthoptics, vision training and developmental vision procedures;
 - h. Polycarbonate lenses;
 - i. Contact lens insurance or care kits;
 - j. Services that are experimental or investigational in nature;
2. Broken, lost or stolen lenses, contact lenses or frames;
3. Medical or surgical treatment of the eye, unless such treatment is performed during a vision examination, subject to the applicable Vision Examination Maximum Benefit shown in the Benefit Schedule;
4. Services or materials which are payable under any Workers' Compensation Act or similar law or any other public program other than Medicaid;
5. Services or materials rendered by a provider other than Ophthalmologist, Optometrist or Optician acting within the scope of his or her license; or by an Immediate Family Member;
6. Any additional service required outside basic vision analyses for contact lenses, except fitting fees;
7. Vision examination or vision materials that may be required as a condition of employment, including but not limited to, industrial or safety glasses;
8. Services rendered after the date You or Your Covered Dependent(s) ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered and the services are rendered to You or Your Covered Dependent(s) within 31 days from the date of such order, and;
9. Services rendered or materials ordered before the date coverage began for an Insured Person under the Policy.

¹Vision Council of America 2006

²Vision Council of America 2006 and Johnson and Johnson Study 2006

³Jobson Research 2006

⁴MESVision Claims utilization data 2006

PACE Vision Plan - Empowered by MES and AIG Monthly Rates

Exam & Materials					
\$90 Frames/\$105 Contacts					
Exam Benefit		Every 12 Months			
Standard Lens Benefit		Every 12 Months			
Frames Benefit		Every 24 Months			
Contact Lens Benefit		Every 12 Months			
Program		Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0 Exam Copay					
\$0 Materials Copay					
1A	Employer Paid	\$7.47	\$13.45	\$14.20	\$19.51
1B	Voluntary	\$10.28	\$18.50	\$19.52	\$26.72
\$10 Exam Copay					
\$10 Materials Copay					
1C	Employer Paid	\$6.73	\$12.12	\$12.79	\$17.50
1D	Voluntary	\$9.26	\$16.65	\$17.58	\$24.01

Exam & Materials					
\$120 Frames/\$120 Contacts					
Exam Benefit		Every 12 Months			
Standard Lens Benefit		Every 12 Months			
Frames Benefit		Every 24 Months			
Contact Lens Benefit		Every 12 Months			
Program		Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0 Exam Copay					
\$0 Materials Copay					
2A	Employer Paid	\$8.06	\$14.53	\$15.34	\$20.99
2B	Voluntary	\$11.09	\$19.97	\$21.09	\$28.85
\$10 Exam Copay					
\$10 Materials Copay					
2C	Employer Paid	\$7.32	\$13.18	\$13.92	\$19.04
2D	Voluntary	\$10.07	\$18.13	\$19.14	\$26.19

Materials Only					
\$90 Frames/\$105 Contacts					
Standard Lens Benefit		Every 12 Months			
Frames Benefit		Every 24 Months			
Contact Lens Benefit		Every 12 Months			
Program		Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0 Materials Copay					
1E	Employer Paid				
1F	Voluntary	\$6.06	\$10.91	\$11.52	\$15.76
\$10 Materials Copay					
1G	Employer Paid				
1H	Voluntary	\$5.64	\$10.15	\$10.71	\$14.66

Materials Only					
\$120 Frames/\$120 Contacts					
Standard Lens Benefit		Every 12 Months			
Frames Benefit		Every 24 Months			
Contact Lens Benefit		Every 12 Months			
Program		Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$0 Materials Copay					
2E	Employer Paid				
2F	Voluntary	\$6.88	\$12.38	\$13.07	\$17.88
\$10 Materials Copay					
2G	Employer Paid				
2H	Voluntary	\$6.46	\$11.63	\$12.27	\$16.79

Underwritten by: National Union Fire Insurance Company of Pittsburgh, Pa. a member of AIG Companies

*Employer Paid is 50% employer contribution or greater

**Voluntary is less than 50% employer contribution