

VISION

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Updated Benefits

group

VISION CARE



groups of **5** or more employees

LENSES/FRAMES or **CONTACT LENSES** covered every policy year

allowances for **PREVENTIVE VISION CARE** examinations every policy year

employees entitled to **BENEFITS EVERY POLICY YEAR**

employees choose their **OWN VISION CARE PROVIDER** (no network restriction)

firstrehablife

rated A- (excellent)  by A.M. Best Company

FLEXIBLE BENEFIT LEVELS

Our Vision Care plans are equally attractive to employer and employee:

- ▶ Executives will use the benefits as much as any other employee.
- ▶ Employees who are spread out over different areas have equal benefits.
- ▶ No discounts, deductibles or schedules to figure out.
- ▶ Your clients select the plan that suits their needs.
- ▶ Customized plans available for specific needs (contact Underwriting).

OUR VISION PLANS

SELECTED PROCEDURES COVERED & MAXIMUM REIMBURSEMENTS

PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
▶ eye examination only:				
\$30	\$35	\$50	80% of reasonable & customary allowance	\$70
▶ single vision lenses & frames with eye exam:				
\$75	\$85	\$120	80% of reasonable & customary allowance	\$215
▶ bifocal lenses & frames with eye exam:				
\$110	\$130	\$170	80% of reasonable & customary allowance	\$285
▶ any other type of lenses & frames (incl. soft or hard contact lenses) with eye exam:				
\$145	\$170	\$250	80% of reasonable & customary allowance	\$360

OUR MONTHLY RATES

PLAN A	PLAN B	PLAN C	PLAN D	PLAN E
▶ single employee				
\$2.32	\$2.66	\$4.19	\$8.20	\$7.66
▶ family (employee plus dependent coverage)				
\$5.91	\$6.79	\$10.64	\$20.75	\$19.38

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Application and enrollment forms are available online at www.firstrehab.com.



HOW TO REQUEST A QUOTE:

- ▶ Go to www.firstrehab.com for instant online quotes available 24/7
- ▶ Write to First Rehab Life attn. Underwriting
- ▶ Fax to 212-457-0205
- ▶ Email to underwriting@firstrehab.com

Note: Every policyholder must have at least 5 full-time employees at all times. 100% participation required. No more than one covered examination and/or lenses/frames per person in a 12-month period.

This brochure is for illustrative purposes only, providing a general overview of the services described. It is not a contract. All coverage extends up to policy limits. Please refer to the policy for policy provisions, conditions and exclusions. All policies are subject to Underwriting approval.

YOUR BROKER/AGENT IS:

THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA • WWW.FIRSTREHAB.COM • MARKETING@FIRSTREHAB.COM

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home office (claims, licensing & customer service): 600 NORTHERN BLVD. • GREAT NECK • NY 11021 • 800-365-4999 (516-829-8100) • FAX 516-829-8212

group products: NY DBL • NJ TDB • SHORT-TERM DISABILITY • LONG-TERM DISABILITY • DENTAL • VISION • TERM LIFE AND AD&D
EXECUTIVE MEDICAL REIMBURSEMENT (THE 100% SOLUTION) • MEDICAL STOP-LOSS • EXCESS MAJOR MEDICAL