



Individual Dental Insurance

Vision Rider

Our vision coverage helps you and your family maintain your vision wellness, with coverage for eye exams and optical materials, such as eyeglasses or contact lenses. This benefit summary provides a quick reference to the rider's benefits.

Co-pays (per insured) ¹		
Benefits (once per 12 months)	In-network	Out-of-network
Vision exam	\$10	N/A
Contact lenses fitting	\$25	N/A
Materials	\$25	N/A

Benefits and allowances ¹		
Benefits, after co-pay	In-network	Out-of-network
Vision exam	Covered in full	\$35 allowance
Contact lenses fitting, after co-pay		
Standard ²	Up to \$60 allowance	N/A
Specialty ³	Up to \$100 allowance	N/A
Materials: Eyeglass lenses and frames, after co-pay⁴		
Single vision	Covered in full	Up to \$25 allowance
Bifocals	Covered in full	Up to \$40 allowance
Trifocals	Covered in full	Up to \$50 allowance
Lenticular	Up to \$120 allowance	Up to \$50 allowance
Progressives	Up to \$70 allowance	Up to \$40 allowance
Polycarbonate lenses (for children to age 19 only)	Covered in full	N/A
Frames	Up to \$170 allowance	Up to \$50 allowance
Materials: Contact lenses, after co-pay⁵		
Elective	Up to \$170 allowance	Up to \$100 allowance
Non-elective	Up to \$210 allowance	Up to \$210 allowance

MAXIMIZE YOUR BENEFITS


Maximize your vision benefits with any provider in our large, nationwide network, including independent eye doctors, and retail stores such as:

- Walmart and Sam's Club Optical
- Target Optical
- Pearle Vision
- Visionworks

You can choose different providers for eye exams, eyeglasses and contact lenses.

ID CARDS

- Vision ID cards are mailed to your home address within 10 business days of enrolling, separate from dental ID cards.
- Digital ID cards are available on the policyholders portal when your coverage starts.
- Only the primary insured's name will be listed.

Colonial Life.  VISION ID Card	
JOHN DOE	
Member Claim No: X9X9X9	
Policy No: SAMPLE GROUP	Plan: V000_C
Eff. Date: 1/1/2023	Network/PPD: First Look
Payor ID: ATR01	
Underwritten by: Colonial Life & Accident Ins. Co	
Administered by: Starmount Life Insurance Co.	

Special savings on material purchases⁶

Some network providers offer special pricing and discounts for certain vision materials, including lens add-ons and a second pair of glasses. See the chart below for details. Participating providers are designated as “Value Added” or “Service Plus” in the provider directory at ColonialLifeDental.com.

VALUE ADDED PROVIDERS		
Special pricing and discounts on lens options for first pair of glasses (add-ons for insured purchases)		
<ul style="list-style-type: none"> • UV Coating.....\$15 • Solid tinting/gradient tinting.....\$15 • Standard scratch-resistant coating\$15 • Standard antireflective coating\$45 • Premium antireflective coating\$70 	<ul style="list-style-type: none"> • Ultra-antireflective coating20% discount • Polarized lenses\$75 • Transition lenses\$75 • Progressive lenses: <ul style="list-style-type: none"> - Standard\$110 - Premium\$170 - Ultra.....20% discount 	<ul style="list-style-type: none"> • Standard polycarbonate lenses\$40 • High index (single vision) <ul style="list-style-type: none"> - 1.56-1.60.....\$60 - 1.66+.....20% discount • High index (multifocal) <ul style="list-style-type: none"> - 1.56-1.60.....\$75 - 1.66+.....20% discount
Special pricing and discounts on purchase of second pair of glasses		
<ul style="list-style-type: none"> • Single vision plastic lenses\$40 • Bifocal plastic lenses\$60 	<ul style="list-style-type: none"> • Trifocal lenses.....\$70 • Progressive lenses (standard)\$110 	<ul style="list-style-type: none"> • Progressive lenses (premium and ultra) 20% discount
Discount on frames, contact lenses and other products		
<ul style="list-style-type: none"> • Frames Up to 35% discount • Contact lenses..... 5 to 15% discount, depending on type 	<ul style="list-style-type: none"> • Other products20% discount on nonprescription sunglasses and other products/solutions 	
SERVICE PLUS PROVIDERS		
Receive up to a 20% discount for the following add-ons to insured purchases		
<ul style="list-style-type: none"> • UV Coating • Solid tinting/gradient tinting • Standard scratch-resistant coating 	<ul style="list-style-type: none"> • Standard antireflective coating • Premium antireflective coating • Transition lenses 	<ul style="list-style-type: none"> • Standard polycarbonate lenses

Note: Not a covered benefit. Prices shown reflect member payment. Discounts reflect percentage off the regular price.

- 1 You are responsible for paying the provider directly for any co-pays, amounts over your allowance, and for any services or materials that are not covered under this rider.
- 2 The standard contact lenses fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only. This includes follow-ups.
- 3 The specialty contact lenses fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit or multi-focal lens. This includes follow-ups.
- 4 Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.
- 5 The contact lenses benefit is paid in lieu of eyeglass lenses and frames.
- 6 These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and may vary by network. Not all providers, such as Walmart, Sam's Club and

Costco Optical, choose to participate in these programs. Some frames and lens items may have manufacturer restrictions and cannot be discounted. Special lens packages that combine multiple lens enhancements at value price points are not covered by these added value programs. Programs may not be combined with any other promotions or discounts.

**THIS POLICY PROVIDES LIMITED BENEFITS.
A NETWORK ACCESS PLAN IS AVAILABLE.**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IDN8100 and rider form R-VSN8100 (including state abbreviations where used, for example: IDN8100-AL and R-VSN8100-AL). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.