

AlwaysVision Basic and Enhanced Group Vision Plans are the only insured vision plans Authorized by the State Uniform Payroll System and Endorsed by the Office of Group Benefits.

NOW YOU HAVE OPTIONS!

With AlwaysVision & EyeMed Vision Care, the choice is YOURS!



- Choose from two vision different plan options
- Choose any available frame or brand of contact lenses available
- Thousands of private practitioners and optical retailers, including LensCrafters®, Target Optical® and most Sears Optical® and Pearle Vision® locations
- Visit www.enrollwitheyemed.com/access for a complete list of providers in your area

Pick the plan that's right for you...

Basic Plan. This comprehensive plan offers low co-pays for eye exams and eyeglass lenses as well as generous allowances for your frames and contact lenses.

Enhanced Plan. This plan has all the great benefits of the Basic Plan but offers higher allowances for frames and contact lenses. This plan also offers allowances for Laser Vision Correction.

RATES PER PAY PERIOD (Assumes 24 pay periods)		
	BASIC	ENHANCED
EMPLOYEE ONLY	\$4.24	\$5.16
EMPLOYEE & 1 DEPENDENT	\$7.91	\$9.59
EMPLOYEE & FAMILY	\$11.38	\$13.58

Other Features:

- 40% discount off of additional complete pair of eyeglasses after funded benefit has been used
- 15% off of conventional contact lenses once the funded benefit has been used
- 20% discount off any remaining balance over frame allowance
- 15% discount off any remaining balance over conventional contact lens allowance
- 20% discount off of accessory items not covered by the plan

Enrolling in Group Basic or Enhanced Vision Plans is as easy as 1, 2, 3.

- ✓ Call us toll-free at 1-888-729-5433 ext. 2013 (or 926-2888 in Baton Rouge). We'll fill the enrollment form out for you—right over the phone,
OR...
- ✓ Log onto www.laogbvision.com. You can fill in the form and submit it online,
OR...
- ✓ See your human resources director for an enrollment form and more information.

The Companies Behind Your Plan

Starmount Life Insurance Company

is a locally owned and operated life and health insurance company. We cover more State of Louisiana Employees than any other dental plan authorized for dental deductions in the ISIS HR Payroll System.

With our reputation for reliability and excellent customer service, Starmount has been recognized as one of the fastest-growing private companies by "Inc. Magazine" and named 2006 Company of the Year by the "Greater Baton Rouge Business Report." Recently, Starmount was awarded the 2008 Torch Award for Ethics in Business by the Better Business Bureau (BBB) of South Central Louisiana. In business since 1983, Starmount and sister company AlwaysCare Benefits are headquartered in Baton Rouge, LA.

EyeMed Vision Care, part of Luxottica Group, the world's leading frame manufacturer, provides vision care services to over 159 million members. EyeMed Vision Care is a leading vision care company offering true choice in providers combined with unmatched value, high quality products and service excellence that exceed customer expectations. Our diverse network includes thousands of private practitioners and leading optical retailers including, LensCrafters®, Target Optical® and most Sears Optical® and Pearle Vision® locations. For more information, please visit www.eyemedvisioncare.com/openenrollment.

Pick the plan that lets YOU choose the glasses or contact lenses that you want.
Visit www.laogbvision.com to enroll!

SUMMARY OF COVERED PROCEDURES:

SERVICE Plan year: July 1, 2009 - June 30, 2010	BASIC PLAN		ENHANCED PLAN	
	EyeMed In-Network	Out-of-Network	EyeMed In-Network	Out-of-Network
EXAM (1 PER 12 MONTHS)	\$4 co-pay	\$30	\$4 co-pay	\$30
FRAMES (1 PER 12 MONTHS)	\$100 allowance, 20% off balance over \$100	\$45	\$150 allowance, 20% off balance over \$150	\$45
STANDARD PLASTIC LENSES (1 PER 12 MONTHS) • Single Vision • Bifocal • Trifocal • Progressive • Lenticular	\$10 co-pay \$10 co-pay \$10 co-pay \$10 co-pay \$10 co-pay	\$20 \$40 \$40 \$40 \$100	\$10 co-pay \$10 co-pay \$10 co-pay \$10 co-pay \$10 co-pay	\$30 \$45 \$65 \$65 \$105
LENS OPTIONS: • UV Coating • Tint (Solid and Gradient) • Standard Scratch-Resistance • Standard Polycarbonate • Standard Anti-Reflective Coating • Other Add-Ons and Services	\$15 \$15 \$15 \$40 \$45 20% off retail	N/A N/A N/A N/A N/A	\$15 \$15 \$15 \$40 \$45 20% off retail	N/A N/A N/A N/A N/A
CONTACT LENSES ^{a,b} (1 PER 12 MONTHS) Plan year: July 1, 2009 - June 30, 2010 • Conventional (+15% discount over allowance) & Disposable (+balance over allowance) • Medically Necessary • Fit & Follow-up (2 follow-up visits) Standard ^c Premium ^d	\$0 co-pay & \$75 allowance Paid in full Up to \$55 10% off retail	\$75 \$75 \$150 N/A N/A	\$0 co-pay & \$110 allowance Paid in full Up to \$55 10% off retail	\$110 \$110 \$210 N/A N/A
LASER VISION CORRECTION ^{e,f} (once per lifetime per eye) Lasik or PRK	15% off retail price or 5% off promotional price	N/A	\$125 allowance per eye + 15% off retail price or 5% off promotional price	\$125 allowance per eye

^aContact Lenses in lieu of eyeglass lenses

^bContact Lens allowance is a one-time use allowance per benefit year

^cStandard Contact Lens Fitting-spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

^dPremium Contact Lens Fitting-all lens designs, materials and speciality fittings other than the Standard Contact Lenses (Examples include toric, multifocal, etc.)

^eLaser vision benefit in lieu of all other covered benefits

^fMembers receive discount from the U.S. Laser Network, owned and operated by LCA Vision.

Plan Limitations & Exclusions. This plan will not cover:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pair of glasses in lieu of bifocals
- Aniseikonic lenses



Provided by: EyeMed Vision Care
4000 Luxottica Place • Mason, OH 45040



Underwritten by:
Starmount Life Insurance Company
The Starmount Building • P.O. Box 98100
Baton Rouge, LA 70898

Administered by:
First American Administrators
4000 Luxottica Place • Mason, OH 45040

This brochure is a brief overview of your Vision plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to your Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.