



CHOICE VISION

The Premier Choice for Group Vision Plans

For Groups of
2-249 Eligible Lives



ARGUS DENTAL & VISION, INC.

855.819.1873 | 4010 W. State Street | Tampa, Florida 33609 | www.argusdentalvision.com
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THE BEST THAT A VISION PLAN CAN OFFER

The benefits you provide to your employees can be linked to company loyalty, workplace satisfaction and the intent to stay,* so we understand the need to deliver benefits that offer the greatest value and quality of care. Argus Vision has you covered.



LOW-COST options for both you and your employees



FULLY-COVERED frames included with every Argus Vision plan



OVER 700,000 nationwide points of access



4 out of 5 major national retailers are in-network



ALL calls and claims administrated in the U.S.



98% member satisfaction with customer service

*MetLife Study, Benefits Impact: Delivering Dynamic Benefits for a Loyal Workforce,

Getting Started is Easy!

We make it easy to find a provider! Members can visit www.argusdentalvision.com and click “Provider Search” or call Argus Vision directly at 1.877.864.0625.

We also make it easy to schedule an appointment! When making an appointment, members should have their member ID number, name and date of birth handy. The provider will take care of the rest!

- ◆ **Value for our Members:** A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.
- ◆ **Convenient Network Locations:** A national network of credentialed preferred providers throughout the 50 states.
- ◆ **Freedom of Choice:** Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

In-Network Benefits	Fashion Value	Designer Option I	Designer Option II	Designer Option III	Premier Option I	Premier Option II
Frequency - Once Every:						
Eye Examinations Inclusive of Dilation (when professionally indicated)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frame	24 Months	24 Months	24 Months	12 Months	12 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Co-Payments						
Eye Examination	\$10	\$10	\$10	\$10	\$10	\$0
Spectacle Lenses	\$25	\$25	\$10	\$10	\$10	\$0
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	\$0	\$0	\$0	\$0	\$0
Eyeglass Benefit - Frame						
Frame Allowance (Retail):	Up to \$100 OR Up to \$150*	Up to \$130 OR Up to \$180*	Up to \$130 OR Up to \$180*	Up to \$130 OR Up to \$180*	Up to \$150 OR Up to \$200*	Up to \$150 OR Up to \$200*
Davis Vision Frame Collection (in Lieu of Allowance):						
Member Co-Pays						
Fashion level	\$0	\$0	\$0	\$0	\$0	\$0
Designer level	\$15	\$0	\$0	\$0	\$0	\$0
Premier level	\$40	\$25	\$25	\$25	\$0	\$0
Eyeglass Benefit - Spectacle Lenses						
Member Co-Pays						
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0	\$0	\$0	\$0	\$0	\$0
Tinting of Plastic Lenses	\$15	\$0	\$0	\$0	\$0	\$0
Scratch-Resistant Coating	\$0	\$0	\$0	\$0	\$0	\$0
Polycarbonate Lenses (Children/Adults)	\$0/\$35	\$0/\$30	\$0/\$30	\$0/\$30	\$0/\$30	\$0/\$30
Ultraviolet Coating	\$15	\$12	\$12	\$12	\$12	\$12
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)	\$40/\$55/\$69	\$35/\$48/\$60	\$35/\$48/\$60	\$35/\$48/\$60	\$35/\$48/\$60	\$35/\$48/\$60
Progressive Lenses (Standard/Premium/Ultra)	\$65/\$105/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140	\$50/\$90/\$140
High-Index Lenses	\$60	\$55	\$55	\$55	\$55	\$55
Polarized Lenses	\$75	\$75	\$75	\$75	\$75	\$75
Plastic Photochromic Lenses	\$70	\$65	\$65	\$65	\$65	\$65
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40
Contact Lens Benefit (in Lieu of Eyeglasses) - Standard & Specialty Lens Types						
Contact Lens Material Allowance-Plus 15 discount on any overage	Up to \$100	Up to \$130	Up to \$130	Up to \$130	Up to \$150	Up to \$150
Evaluation, Fitting & Follow-Up Care-Standard Lens Types (in Lieu of Eyeglasses)	15% Discount**	15% Discount**	15% Discount**	15% Discount**	\$0 co-pay	\$0 co-pay
Evaluation, Fitting & Follow-Up Care-Specialty Lens Types (in Lieu of Eyeglasses)	15% Discount**	15% Discount**	15% Discount**	15% Discount**	Up to \$60 allowance Plus a 15% discount on any overage**	Up to \$60 allowance Plus a 15% discount on any overage**
Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance)						
Materials Disposable: up to Planned Replacement: up to	Not Covered Not Covered	4 boxes/multi-packs 2 boxes/multi-packs	4 boxes/multi-packs 2 boxes/multi-packs	4 boxes/multi-packs 2 boxes/multi-packs	8 boxes/multi-packs 4 boxes/multi-packs	8 boxes/multi-packs 4 boxes/multi-packs
Evaluation, Fitting & Follow-Up Care	Not Covered	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Non-Elective Contact Lenses (with Prior Approval)						
Materials, Evaluation, Fitting & Follow-up Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network Reimbursement Allowance Schedule: Up To						
Fashion Value: Eye Examination: \$40, Frame: \$50, Single Vision Lenses: \$40, Bifocal/Progressives Lenses: \$60, Trifocal Lenses: \$80, Lenticular Lenses: \$100, Elective Contact Lenses: \$80, Visually Required Contact Lenses: \$225						
Designer & Premier: Eye Examination: \$40, Frame: \$50, Single Vision Lenses: \$40, Bifocal/Progressives Lenses: \$60, Trifocal Lenses: \$80, Lenticular Lenses: \$100, Elective Contact Lenses: \$105, Visually Required Contact Lenses: \$225						

* At Visionworks

** Discounts are not part of insured benefits

AREA FACTORS	PARTICIPATION FACTORS		SIZE FACTORS
Region 1 - 10% Discount	Less than 30% participation	25% Load	15% Discount for groups of 50 - 250 lives
Region 2 - 1.00	30% to 80% participation	1.00	
Region 3 - 10% Load	80% + participation or when	10% Discount	

	Fashion Value	Designer I	Designer II	Designer III	Premier I	Premier II
Base Monthly Rate for Region 2 for 2-50 lives with 30% to 80% Participation						
Employee Only	\$4.56	\$5.03	\$5.61	\$6.08	\$6.86	\$9.06
Employee + Spouse	\$9.12	\$10.08	\$11.23	\$12.16	\$13.70	\$18.15
Employee + Child(ren)	\$9.57	\$10.58	\$11.79	\$12.77	\$14.38	\$19.04
Employee + Family	\$13.33	\$14.74	\$16.41	\$17.78	\$20.06	\$26.53

Rates valid thru 1/1/20

AREAS

- ◆ **Region 1** - Colorado, Delaware, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Ohio, Tennessee, Texas and Wisconsin
- ◆ **Region 2** - Alabama, Arizona, Arkansas, DC, Georgia, Idaho, Kansas, Mississippi, Nebraska, Missouri, Montana, Oregon, North Dakota, Oklahoma, South Carolina, South Dakota, Utah, Washington and Wyoming
- ◆ **Region 3** - Alaska, California, Hawaii, New Hampshire, New Mexico, Vermont and West Virginia

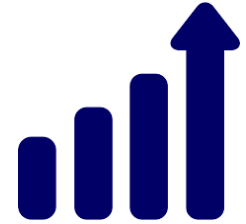
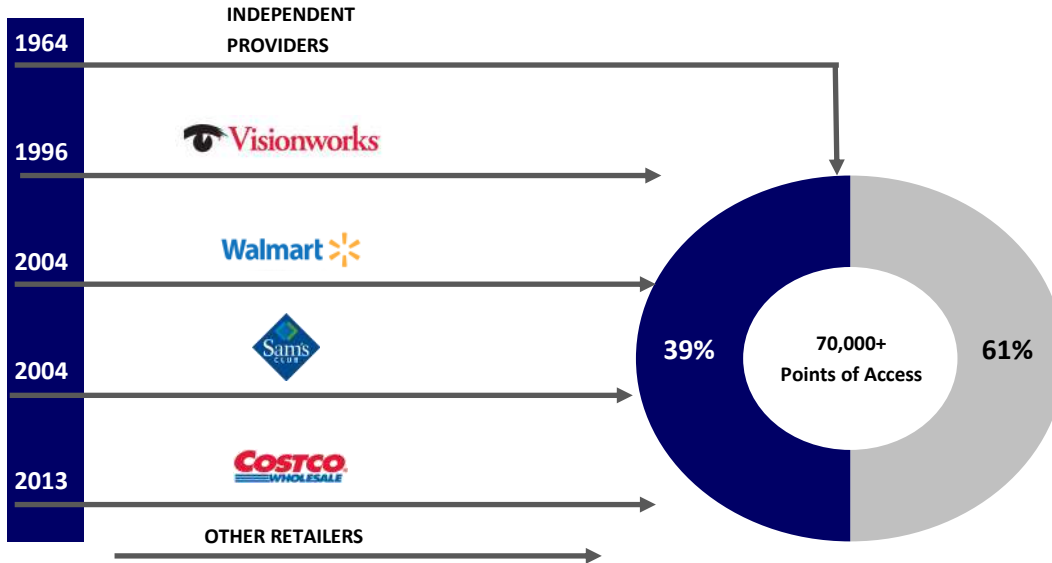
NOTES

- ◆ Participation factors apply after waivers
- ◆ Groups of 2 through 4 eligible employees require 100% participation after waivers
- ◆ Minimum of 2 employees must be enrolled at all times
- ◆ Minimum of 3 employees must be enrolled for groups of 5 or more eligible
- ◆ Policies underwritten by National Guardian Life Insurance Company
- ◆ National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life
- ◆ Policy Form Series NVI Group 5/07

CONSUMER FOCUSED NETWORK



PARTNERING SINCE:



**9% Network
Growth
Year-Over-Year**

OUR RETAIL NETWORK

America's Best	National Vision Centers in Walmart
Bard Optical	National Vision Inc.
Clarkson Eyecare	Nationwide Vision
Co/Op Optical	Ossip Optometry
Cohen's Fashion Optical	Rosin Eyecare
Costco Optical	Sam's Club
Crown Optical	Schaeffer Eye Center
Dr. Tavel Family Eyecare	SEE Inc.
Dr. Tavel One-Hour Optical	Shawnee Optical
Eye Care Associates of NC	Shopko Eyecare Centers
Eye Doctor Optical Outlets	Shopko Optical Centers
EyeFit Vision Centers	Sterling Optical
Eyeglass World	SVS Vision
Eyemart Express	The Hour Glass
For Eyes	Thoma & Sutton EyeCare
Heartland Vision	Union Eye Care
Henry Ford OptimEyes	Visionworks
Jervey Eye Group	Vista Optical in Fred Meyers
Midwest Vision Centers	Walmart Vision Centers
MyEyeDr.*	Whylie Eye Care Centers
National Optometry	Wisconsin Vision

OUR EXCLUSIVE COLLECTION

The Davis Vision Exclusion Collection consists of 222 frames showcased on a compact rotating fixture. The Exclusive Collection displays top-selling eyewear offered to our members for low-to-no out-of-pocket costs.

ONE-YEAR EYEGLASS BREAKING WARRANTY INCLUDED



<i>Bongo*</i>	<i>Caterpillar*</i>
<i>Candies*</i>	<i>Cosmopolitan*</i>
<i>Dereon*</i>	<i>Gloria Vanderbilt*</i>
<i>Converse*</i>	<i>Nascar*</i>
<i>Gant*</i>	<i>New Balance*</i>
<i>Stetson*</i>	<i>Seventeen*</i>
<i>Elizabeth Arden*</i>	<i>Skechers*</i>
<i>Chelsea Morgan*</i>	<i>Steve Madden*</i>
<i>Harley-Davidson*</i>	<i>Tapout*</i>
<i>Jill Stuart*</i>	<i>Rampage*</i>
<i>Jones New York*</i>	<i>Cover Girl*</i>
<i>Perry Ellis*</i>	<i>South Hampton*</i>
<i>Robert Mitchel*</i>	<i>Catherine Deneuve*</i>

Choice Vision Extras

When members join **Argus Choice Vision** Plans, they also enjoy added-value benefits, such as:

- ◆ One Year Eyeglass Breakage Warranty
- ◆ Up to 20% off additional savings on eyeglasses, sunglasses at participating locations
- ◆ Up to 10% off disposable contact lenses at participating locations
- ◆ Replacement contacts through LENS123® mail-order service, saving both time and money
- ◆ Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off of the advertised special, whichever is lower
- ◆ A comprehensive Low Vision evaluation and low vision aids



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Exclusions

No benefits are payable for any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefit:

- | | |
|--|---|
| 1. Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available | 11. Services for which benefits are paid by Worker's Compensation |
| 2. Plano or non-prescription lenses or sunglasses | 12. Services provided under the employee's medical insurance except in the case of Coordination of Benefits |
| 3. Orthoptics, vision training and any associated supplemental testing | 13. Groove, Drill or Notch, and Roll and Polish |
| 4. Frame cases | 14. Two pairs of glasses, in lieu of bifocals, trifocals or progressives |
| 5. Low (subnormal) vision aids or aniseikonic lenses | 15. Cosmetic items |
| 6. Medical and surgical treatment of the eyes | 16. Faceted items |
| 7. Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy | 17. Laminated lenses |
| 8. Experimental or non-conventional treatment of the eyes | 18. Polished bevel lenses |
| 9. Any eye examination or corrective eyewear required by an Employer as a condition of employment | 19. Prism lenses |
| 10. Services and materials provided by another vision plan except in the case of Coordination of Benefits | 20. Slab-off lenses |
| | 21. Additional cost for contact lenses over the allowance |
| | 22. Additional cost for a frame over the allowance |

UNDERWRITTEN BY:
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PROVIDED BY;
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VISION NETWORK:
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¹ Consumer Perceptions of Managed Vision Care. Study by Jobson Optical Research 2011
² American Optometric Associate Eye-Q, 2012
³ www.allaboutvision.com