



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 70,000 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

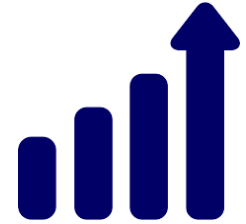
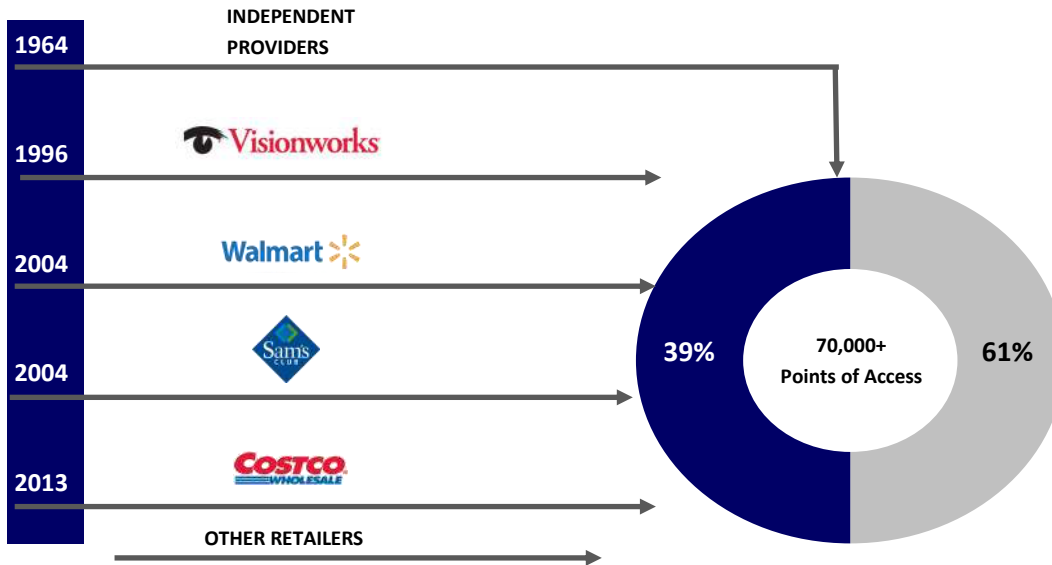
NOTES

- ◆ 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:
National Guardian Life
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Madison, WI 53703
800-548-2962
www.nglic.com

PROVIDED BY;
Argus Dental & Vision, Inc.
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Tampa, FL 33609
855-819-1873
www.argusdentalvision.com

VISION NETWORK:
Davis Vision
Capital Region Health Park, Suite 301
711 Troy-Schenectady Road
Latham, New York 12110
800-999-5431
www.davisvision.com



¹ Consumer Perceptions of Managed Vision Care. Study by Jobson Optical Research 2011
² American Optometric Associate Eye-Q, 2012
³ www.allaboutvision.com