

Social Security Number	Last Name	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Birthdate (MM/DD/YY)	Home Address	Home Address	Home Phone	Work Phone	M.I.
City, State, Zip	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Email Address	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
LIST ALL YOUR ELIGIBLE DEPENDENTS BELOW	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Last Name (if different)	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Spouse	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Child	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Child	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Child	Home Address	Home Address	Home Phone	Work Phone	Sex <input type="checkbox"/> M <input type="checkbox"/> F

Group Vision Coverage is provided under Group Vision Policy GH-1157 (policyholder may be a trustee group policyholder in some states) insured by Security Life Insurance Company of America, Minnetonka, Minnesota. By my signature below, I hereby apply for Vision coverage. I certify I have read the applicable Fraud Notice below. I hereby authorize payroll deductions from my earnings for any contributions required. This Authorization remains in effect until revoked by me in writing.

Signature	Date	Group #	Coverage Eff. Date	Plan #	Agent/Broker #
PICPA		00053			

Dominion Dental Services USA Inc., P.O. Box 75314 Charlotte, NC 28275-5314

Fraud Warnings: Non-State Specific: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Maryland:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Pennsylvania:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **District of Columbia - WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

GH-1164

\$11260 (DC, DE, MD, PA, VA)

How do I contact the Customer Care Center?
 After you receive your ID card, call 866-723-0513 to speak with a live EyeMed representative daily, Monday through Friday, 9:00 a.m. to 9:00 p.m. (EST) and Saturday, 11:00 a.m. to 5:00 p.m. (EST). Or access a number of automated features available online at eyemedvisioncare.com or through EyeMed's automated voice response system.

Will I be able to choose any eyewear product available at an EyeMed provider location?
 Yes! With EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fits your lifestyle. Simply consult with your provider if you have any questions about how your vision care plan will be applied toward your eyewear purchase.

Do you offer additional discounts beyond the benefit plan?
 Yes! The following discounts are not an insured benefit, but they are available through the EyeMed network providers:

- Additional complete pairs of glasses and additional conventional contact lenses once the funded benefit has been used.
- Items not fully covered by the plan.
- The balance over the frame allowance.
- Any remaining balance over the conventional contact lens allowance.

How do I access the laser vision discount?
 To access the laser vision discount:
 Call the U.S. Laser Network at 877-5LASER6 to find the laser correction provider most convenient for you. Schedule a consultation with the provider.



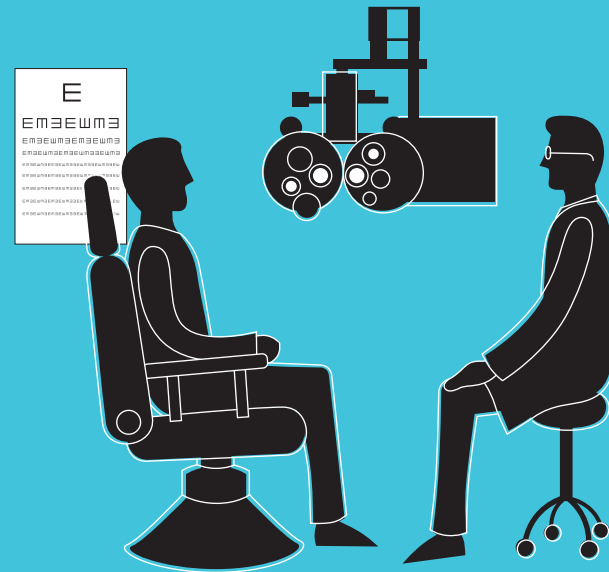
Pre-Enrollment Questions, Please Contact:

115 South Union Street, Suite 300
 Alexandria, VA 22314
 888-518-5338 (Phone)
 703-518-4450 (Fax)
DominionVisionPlans.com



We Work For Your Benefit.

Group Vision Benefits
 Precision Plan (9765413)
 Member Enrollment Brochure



Vision plans are underwritten by Security Life Insurance Company of America (Minnetonka, MN) and are marketed and administered by Dominion Dental Services USA, Inc.

GH-1157-36560/39070
 Form S11269 - Precision (Vol)

Dominion Dental Services (Dominion) brings you a vision benefit plan that helps you save on eye care and eyewear needs through the EyeMed Vision Care network.

Dominion, incorporated in 1996, is an agile and innovative provider of dental and vision benefits in the Mid-Atlantic. Among our 400,000 customers are leading health plans, employer groups, municipalities, associations and individuals. Dominion is headquartered in Alexandria, VA. The Dominion group of companies includes Dominion Dental Services, Inc., the licensed underwriter of the dental plans, and Dominion Dental Services USA, Inc., a licensed administrator of dental and vision benefits.



Like dental care, vision care helps to ensure overall wellness. A comprehensive eye exam can detect health problems including diabetes, high blood pressure, multiple sclerosis, and even brain tumors.¹ Approximately 75% of American adults use some form of vision correction.¹ This vision program encourages routine preventive care as an essential measure to reducing overall healthcare costs.

One of the Country's Largest Vision Networks

Vision plan members have access to the EyeMed network. EyeMed currently administers benefits to over 24 million members and is also one of the nation's largest vision networks that includes more than 47,000 provider listings (over 5,500 in the Mid-Atlantic) with familiar names such as LensCrafters, Pearle Vision, Sears Optical and Target Optical, along with independent optometrists, ophthalmologists and opticians.² More than 70% of EyeMed provider locations are available in the evening or on the weekend.

¹ The Vision Council (2006 & 2009).

² All other brand names, product names or trademarks belong to their respective holders.

To find a provider near you, please visit DominionDental.com/VisionProviders.

In-Network Benefits Include:

Eye Examination	\$10 Copayment
Eyeglass Lenses	\$10 Copayment
Frames	\$0 Copayment
Contact Lenses ¹	\$10 Copayment
¹ Instead of glasses.	

What the In-Network Benefits Include:

Eye Examination: A routine, complete eye examination, refraction and prescription for eyeglasses. Contact lens examinations require additional fees. Your vision provider may recommend additional procedures, which are the responsibility of the member.

Eyeglass Lenses: Standard uncoated plastic lenses of any size or power.

Frames: Any frame up to a regular retail value of \$100. Frames above \$100 retail are available at an additional charge.

Contact Lenses: Any pair of contact lenses up to a regular retail price of \$100, obtained from a network provider or the mail order program. Contacts above \$100 are available at an additional charge.

LASIK – Non-Insured Discount Benefit: This non-insured benefit is offered at savings of 15% off the regular retail price or 5% off the promotional price when using the network.

Out-of-Network Benefit: While 97% of vision benefits are obtained from network providers, services received out-of-network are paid according to a fixed schedule.

This is only a summary of the Precision Plan. No agent has the authority to change any benefit, to bind coverage with Security Life Insurance Company or to promise a certain effective date.

For full details of the coverages, limitations and exclusions, please read the enclosed Schedule of Benefits.

How do I enroll?

1. Fill out the attached enrollment card. List all dependents you want covered.
2. Return the completed enrollment card to your Benefit Administrator.
3. A Membership ID Card, Schedule of Benefits and Certificate of Coverage will be mailed to you on or before your first day of eligibility.

What is my cost?

The vision plan is available to you through your employer for the monthly payroll deduction of:

Voluntary Rates	
Employee Only	\$8.95
Family	\$20.75

Who is eligible?

You, as an eligible employee, and your eligible dependents (spouse and/or unmarried children from birth to age 19; extended to age 25 if child is a full-time student) are eligible. This is subject to individual state regulations.

Do I need an identification card to access my benefits?

Dominion provides each subscriber with two ID cards. We have found that the use of ID cards can expedite the process, as they supply providers with all the information needed for eligibility verification.

After You Receive Your ID Cards: How do I receive care?

To access your vision benefit:

1. Locate the EyeMed provider that is most convenient for you by visiting our website at DominionDental.com/visionproviders or call EyeMed's Customer Care Center at 866-723-0513. You may also receive care from an out-of-network provider.
2. Schedule an appointment. When making the appointment tell the office that you are an EyeMed member and provide your name and your member ID number.
3. When you arrive, identify yourself as an EyeMed member and present your ID card.

Precision Plan

Benefit Summary

Copayments:

Exam	\$10
Lens	\$10

Frequency of Services:

Exam	12 Months
Materials	12 Months

Maximum Allowances:

Preferred Provider:

Frame	\$100
Contact Lenses	\$100

Non-Preferred Provider:

Vision Exam	\$25
Frames	\$40
Single Vision Lenses	\$20
Bifocal Lenses	\$40
Trifocal Lenses	\$50
Contact Lenses	\$70

The scheduled amounts shown are maximums. The actual amount to be paid for any service or material will be the lesser of the scheduled amount for such service rendered and/or materials purchased, or the actual amount charged.

There is no assurance that the scheduled amount will be sufficient to pay the full cost of the service rendered or the materials selected.

The amounts shown are maximum. The actual amount to be paid will be the lesser of the scheduled amount for the service rendered and/or materials furnished, or the actual amount charged.

Eligible Expenses: We will pay for eligible expenses you incur by or on behalf of you or any dependent while covered under the policy.

A. Services:

Include, but are not limited to:

1. Vision Examinations - Each insured and eligible dependent is entitled to a complete analysis of the eyes and related structures to determine vision problems and other abnormalities. We will cover such service once every 12 months. Where the vision examination shows new lenses or frames or both are necessary for proper visual health, such materials will be covered, together with certain services as necessary.
2. Prescribing and ordering proper lenses.
3. Assisting with selection of frames.
4. Verifying accuracy of finished lenses.
5. Proper fitting and adjustments.

B. Materials:

1. Lenses - We will pay for a new prescription for standard lenses once every 12 months.
2. Frames - We will pay for new standard frames once every 12 months.
3. Contact Lenses - When an insured chooses contact lenses, payment will be in lieu of all other materials benefits.

The lens allowance equals two (2) lenses. If only one (1) lens is needed the allowance will be half (1/2) the lens allowance.

C. What Is Covered:

We cover:

1. The services rendered and materials furnished by a **preferred provider**. A **preferred provider** is a licensed provider who has contracted to accept, as full payment, your copayment and the contracted payment from us. We will pay benefits if the services are rendered or materials furnished in, at or by a **preferred provider**. Use of a **preferred provider** does not guarantee that all expenses will be covered under the policy. **Preferred provider** locations are identified by contacting the administrator's office or website.

Services and materials will be covered at the benefit levels for a **non-preferred provider** when: a) the provider rendering the service or furnishing the materials is no longer a **preferred provider**; or b) the insured elects not to use the services or materials of the **preferred provider**.

2. The services rendered and materials furnished by a **non-preferred provider**. A **non-preferred provider** is a licensed provider NOT under contract with us. After the applicable copayment and deductible, if any, we will pay the reasonable and customary charge for the following services and materials, up to the scheduled amount shown in this document.

Benefits will be payable the same as for a **preferred provider** when: a) a **preferred provider** refers the insured to a **non-preferred provider** because the **preferred provider** is unable to render the necessary service or furnish the necessary materials; or b) a **non-preferred provider** is on call in the absence of the **preferred provider**.

Limitations - In no event will payment exceed the lesser of:

1. The actual cost of covered services or materials; or
2. The limits of the Policy, shown in this schedule.

Exclusions - We will not cover:

1. Orthoptic or vision training and any associated supplemental testing.
2. Plano lenses.
3. Lens Coatings.
4. Two pair of glasses, in lieu of bifocals or trifocals.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
7. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
8. Customization of bifocal lenses to a progressive or no-line lens.
9. Photo-chromatic lenses.
10. Sub-normal vision aids or non-prescription lenses.
11. Services rendered or materials purchased outside the U.S. or Canada, unless:
 - a) the Insured resides in the U.S. or Canada; and
 - b) the charges are incurred while on a business or pleasure trip.
12. Charges in excess of the usual and customary charge for the service or materials.
13. Charges incurred after:
 - a) the Policy ends; or
 - b) the Insured's coverage under the Policy ends, except as stated in the Policy.
14. Experimental or non-conventional treatment or device.

15. Spectacle lens treatments or "add-ons," except solid tints (#1 & #2), and oversize lenses.
16. High Index lenses of any material type.
17. Lost or broken materials, except when replaced at normal intervals when services are available.
18. Services for any unmarried child age 19 years of age and over unless he is dependent upon you for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 25.

Virginia Only:

IMPORTANT NOTICE: If you have any questions regarding an appeal or grievance concerning health care services that have been provided that may not have been satisfactorily addressed by the plan, you may contact the Office of Managed Care Ombudsman for assistance at 1-877-310-6560 (Bureau of Insurance, Commonwealth of Virginia, P.O. Box 1157, Richmond, VA, 23218). The internet address is www.scc.virginia.gov.

Administered and Marketed by
Dominion Dental Services USA, Inc.
Underwritten by
Security Life Insurance Company of America
Minnetonka, Minnesota



Schedule of Benefits Precision Vision Plan

Dominion Dental Services USA , Inc.
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Alexandria, VA 22314
(888) 518-5338
DominionDental.com

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