



# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111-2406  
Phone 800-648-8624  
A STOCK COMPANY  
(Herein Called "the Company")

**POLICY NUMBER:** VC-19  
**POLICYHOLDER:** Bentley University  
**STATE OF ISSUE:** Massachusetts  
**POLICY EFFECTIVE DATE:** January 1, 2012  
**POLICY ANNIVERSARY DATE:** January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

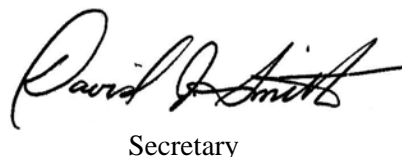
All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary



\*This plan is not intended to provide comprehensive health coverage. This health plan, alone, **does not meet Minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance. Please see page 2 for additional information.

**GROUP VISION INSURANCE POLICY**  
**THIS IS A LIMITED BENEFIT POLICY**  
*Please read the Policy carefully.*

## PREMIUMS

Premiums are payable in advance by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each calendar month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective, unless otherwise mutually agreed;
2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred, unless otherwise mutually agreed;
3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred, unless otherwise mutually agreed; or
4. if the number of eligible employees increases or decreases by more than 10% premium will be adjusted at the end of the calendar month in which the increase or decrease occurred, unless otherwise mutually agreed.

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of three months.

**Premium Rate Change.** The Company has the right to change the premium rate on any premium due date on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 31 days before the date of change.

**Grace Period.** A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

**Return of Premium.** The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.

**Massachusetts Health Care Reform Law.** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the Insured's other health plans.

**If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).**

## **TERMINATION OF POLICY**

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on any date on or after the fourth Policy Anniversary Date. Written notice must be provided to the other party at least 31 days prior to termination;
2. the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirements of 10;
3. the date the required premium has not been paid, except as provided in the Grace Period provision. The Company will provide written notification of the termination to the Insured; or
4. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

## **CERTIFICATES**

The Company will furnish a Certificate to the Policyholder which will set forth the essential features of the insurance coverage.

## **ADDITIONAL INSUREDS**

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

## **INCORPORATION PROVISION**

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



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Phone 800-648-8624  
A STOCK COMPANY  
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**POLICY NUMBER:** VC-19  
**POLICYHOLDER:** Bentley University  
**POLICY EFFECTIVE DATE:** January 1, 2012  
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Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

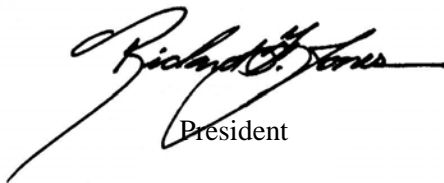
The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group number, the Insured's effective date, the name of the Network and toll-free customer service number. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary



\*This plan is not intended to provide comprehensive health coverage. This health plan, alone, **does not meet Minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance. Please see page 10 for additional information.

**There are no pre-existing condition limitations or exclusions under this plan.**

**GROUP VISION INSURANCE CERTIFICATE**  
**THIS IS A LIMITED BENEFIT CERTIFICATE**  
*Please read the Certificate carefully.*

**THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available from the Company.**

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## DEFINITIONS

**Benefit Frequency** means the period of time in which a benefit is payable.

The Benefit Frequency begins on the later of the Insured Person's effective date or last date services were provided to the Insured Person. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

**Co-payment** means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for a covered Vision Examination or Vision Materials per Benefit Frequency.

**Comprehensive Eye Examination** means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

**Dependent** means any of the following persons whose coverage under the Policy is in force and has not ended:

1. the Insured's lawful spouse or Domestic Partner;
2. each child from birth to age 26 or for two years after the end of the calendar year in which such persons last qualified as a Dependent, whichever occurs first; or
3. each child who is mentally or physically incapable of earning his or her own living, if due proof of the incapacity is received by the Company within 31 days of the date upon which the coverage would otherwise be terminated.

Child includes stepchild, foster child, legally adopted child, child legally placed in the Insured's home for adoption and child under the Insured's legal guardianship.

**Domestic Partner** means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. To qualify as a Domestic Partner or Dependent under the Policy, all of the following conditions must be met:

1. the Domestic Partner and the Insured are over the age of 18 and are mentally competent to enter into contracts;
2. the Domestic Partner and the Insured reside in the same household;
3. the Domestic Partner and the Insured have a committed relationship with each other for no less than six months; intend to continue the relationship indefinitely and have no such relationship with any other person;
4. the Domestic Partner and the Insured are not related by blood;
5. the Domestic Partner and the Insured are not married to any third party;
6. the Domestic Partner and the Insured are of the same sex; and
7. the Domestic Partner and the Insured are not claiming Dependent status for the primary purpose of gaining insurance coverage under the Policy.

The term "spouse", wherever used, will include a Domestic Partner.

**Insured** means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

**Insured Person** means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

**In-Network Provider** means a Provider who has signed a Preferred Provider Agreement with the PPO.

**Medically Necessary Contact Lenses** means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

**Out-of-Network Provider** means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

**Policy** means the Policy issued to the Policyholder.

**Policyholder** means the Employer named as the Policyholder in the face page of the Policy.

**PPO Service Area** means the geographical area where the PPO is located. The counties are Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Berkshire and Worcester (for Select Network).

**Preferred Provider Agreement** means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

**Preferred Provider Organization (“PPO”)** means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement.

**Provider** means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

**Vision Examination** means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

**Vision Materials** means those materials shown in the Schedule of Benefits.

## **EFFECTIVE DATES**

**Effective Date of Insured’s Insurance.** The Insured’s insurance will be effective as follows:

1. if the Policyholder does not require the Insured to contribute toward the premium for this coverage, the Insured’s insurance will be effective on the date the Insured became eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured’s insurance will be effective on the date the Insured became eligible, provided:
  - a. the Insured has given the Company the Insured’s enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
  - b. the Insured has agreed to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured’s coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured’s effective date.

**Effective Date of Dependents’ Insurance.** Coverage for Dependents becomes effective on the later of:

1. the date Dependent coverage is first included in the Insured’s coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured’s Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

If the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

**Newborn Children.** A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for 31 days or greater, if elected by the Policyholder. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

**Adopted Children.** If a Dependent child is placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of placement for 31 days or greater, if elected by the Policyholder. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

## BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

**Comprehensive Eye Examination.** An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

**In-Network Provider Benefits.** The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

**Out-of-Network Provider Benefits.** The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

**Vision Materials.** If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time in each Benefit Frequency.
- *Frames* provided one time in each Benefit Frequency.
- *Contact Lenses* provided one time in each Benefit Frequency in lieu of lenses.

## CHOICE OF PROVIDERS

Insured Persons may receive vision care services and Vision Materials from an In-Network Provider or an Out-of-Network Provider. Out-of-Network Provider services and Vision Materials may be secured from an optometrist, ophthalmologist and/or dispensing optician. The Company will reimburse the Insured as shown in the Schedule of Benefits.

If the Insured hasn't requested one sooner, the Insured will be given a PPO Directory when enrolled. The Insured may request a PPO Directory at any time or to locate an In-Network Provider in the Insured's area, the Insured may call the PPO toll-free automated voice response system number located on the back of the Insured's identification card. This service is available 24 hours per day, 7 days per week. The Insured may call and enter the Insured's zip code. The computer will give the Insured a list of the 10 closest In-Network Providers to that zip code including the In-Network Provider's name, telephone number, and the services available at each location.

The Insured may also obtain a PPO Directory via the PPO's website at: [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The procedures are the same as the automated voice response system.



In addition, the PPO has service staff available, Monday through Saturday from 8:00 a.m. – 11:00 p.m. and Sunday 11:00 a.m. – 8:00 p.m. EST to assist callers with their selection of In-Network Providers. The toll-free number is 1-877-226-1115.

A physician profile may be available from the Board of Registration in Medicine for Providers licensed to practice in Massachusetts.

## **PROCEDURES FOR USING IN-NETWORK PROVIDER BENEFITS**

The Insured should have the Insured's identification card available when scheduling an appointment and visiting an In-Network Provider. For information on In-Network Providers in the Insured's area, call the PPO's toll-free number listed in the Insured's identification card.

The Insured presents the Insured's identification card at the time the Insured receives services from an In-Network Provider, pays the Co-payment, if any, and any other charges not covered at the time of the service. No paperwork is required.

If the Insured selects an Out-of-Network Provider, the Insured does not receive PPO preferred pricing. The Insured will make full payment to the Out-of-Network Provider at the time of service and submit a claim for reimbursement.

If the Insured should need emergency care and cannot reach an In-Network Provider, payment for the care related to the emergency will be made at the In-Network Provider level. The Insured also has the option of calling the local pre-hospital emergency medical service system whenever confronted with an emergency care for a vision condition which in the judgment of a prudent layperson would require pre-hospital emergency services. Emergency care benefits are limited to the specific vision care services outlined in the Schedule of Benefits.

## **LIMITATIONS**

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

## **EXCLUSIONS**

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. plano (non-prescription) lenses;
6. non-prescription sunglasses;
7. two pair of glasses in lieu of bifocals;

8. services or materials provided by any other group benefit plan providing vision care;
9. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
10. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

## **TERMINATION OF INSURANCE**

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

**For All Insureds.** The Insured's insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made. The Company will provide written notification of the termination to the Insured, by mail, to the last known home address, a letter that includes the following information: a) the date the Policy was terminated; b) that the termination was for nonpayment of premiums; and c) that the termination of the insurance of any Insured Person will be without prejudice to any covered service incurred before the date of termination. The Company will honor claims, to the extent covered under the Policy, for any benefit received by the Insured or the Insured's Dependent prior to the notification date;
3. the date the Insured is no longer eligible for insurance; or
4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
  - a. does so without individual selection between Insureds; and
  - b. continues to pay any premium contribution for those individuals.

**For Dependents.** A Dependent's insurance will cease on the earlier of:

1. the date the Insured's coverage ends;
2. the date in which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made. The Company will provide written notification of the termination to the Insured, by mail, to the last known home address, a letter that includes the following information: a) the date the Policy was terminated; b) that the termination was for nonpayment of premiums; and c) that the termination of the insurance of any Insured Person will be without prejudice to any covered service incurred before the date of termination.

**Extension of Benefits.** If the Insured terminates employment with the Policyholder, coverage under the Policy will continue for 31 days from the date the Insured terminated employment. If the Insured's coverage terminates due to a plant closing or partial closing, coverage under the Policy will be continued for 90 days after the date of the plant closing or partial closing. This Extension of Benefits provision will not apply if the Insured is eligible for similar benefits under another policy.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

## CLAIMS

**Notice of Claim.** Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

**Claim Forms.** The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

**Proof of Loss.** Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

**Time Payment of Claims.** Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

**Payment of Claims.** All claims will be paid to the Insured, unless assigned. Any benefits payable on or after the Insured's death will be paid to the Insured's estate.

**Right of Recovery.** If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

**Legal Actions.** No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person resides, the limit is extended to meet the minimum time allowed by such law.

## GENERAL PROVISIONS

**Clerical Error.** Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

**Conformity to Law.** Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Entire Contract.** The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

**Amendments and Changes.** No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

**Incontestability.** After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

**Insurance Data.** The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

**Workers' Compensation.** The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

**Massachusetts Health Care Reform Law.** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the Insured's other health plans.

**If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at [www.mass.gov/doj](http://www.mass.gov/doj).**

## **GRIEVANCE PROCEDURE**

**Note: References to Insured Person includes the Insured Person's authorized representative.**

**Form and Manner of Request.** Grievances may be made by telephone, in person, by mail, or by electronic means. Oral grievances made by the Insured Person will be reduced to writing by PPO. A copy will be sent to the Insured Person within 48 hours of receipt, except where this time limit is waived or extended by mutual written agreement of the Insured Person and PPO.

Any grievance that required the review of medical records will include the signature of the Insured Person on a form provided promptly by PPO. This will authorize the release of medical and treatment information relevant to the grievance to PPO when necessary, in a manner consistent with state and federal law. The Insured Person will have access to any medical information and records relevant to the grievance relating to the Insured Person which is in PPO's possession and under its control. PPO will request the authorization from the Insured Person when necessary for requests reduced to writing by PPO and for any written requests lacking the authorization.

**Acknowledgment of Grievances.** A written acknowledgment of the receipt of a grievance will be sent to the Insured Person within 15 business days of receipt except where an oral grievance has been reduced to writing by PPO pursuant to the above section, or this time period is waived or extended by mutual written agreement of the Insured Person and PPO.

**Time Requirements for Resolution of Grievances.** PPO will provide the Insured Person with a written resolution of a grievance within 30 business days of receipt of the oral or written grievance.

When a grievance requires the review of medical records, the 30 business day period will not begin to run until the Insured Person submits a signed authorization for release of medical records and treatment information. In the event that the signed authorization is not provided within 30 business days of the receipt of the grievance, PPO may, in its discretion, issue a resolution of the grievance without review of some or all of the medical records.

The time limits may be waived or extended by mutual written agreement of the Insured Person and PPO.

**Review of Grievances.** Grievances will be reviewed by an individual or individuals who are knowledgeable about the matters at issue in the grievance.

Grievances of adverse determinations are reviewed with the participation of an individual or individuals who did not participate in any of PPO's prior decisions on the grievance. In at least one level of review of grievances of adverse determinations, these individuals will be actively practicing health care professionals in the same or similar specialty who typically correct the vision problem, perform the exam or provide the materials that is the subject of the grievance.

**Form of Written Resolution.** A written resolution will include identification of the specific information considered and an explanation of the basis for the decision.

In the case of a grievance that involves an adverse determination the written resolution will include a substantive clinical justification therefor that is consistent with generally accepted principles of professional medical practice, and will at a minimum:

1. identify the specific information upon which the adverse determination was based;
2. discuss the Insured Person's presenting symptoms or condition, diagnosis and treatment interventions and the specific reasons such medical evidence fails to meet the relevant medical review criteria;
3. specify alternative treatment options covered by the Company, if any; and
4. reference and include applicable clinical practice guidelines and review criteria.

**Opportunity for Reconsideration.** PPO may offer to the Insured Person, the opportunity for reconsideration of PPO's final adverse determination where relevant medical information:

1. was received too late to review within the 30 business day time limit; or
2. was not received but is expected to become available within a reasonable time period following the written resolution.

When an Insured Person chooses to request reconsideration, PPO must agree in writing to a new time period for review, but in no event greater than 30 business days from the agreement to reconsider the grievance. The time period for requesting external review will begin to run on the date of the resolution of the reconsidered grievance.

**Expedited Review of Grievances.** PPO will provide for an expedited resolution concerning coverage or provision or immediate and urgently needed services, which will include, but not be limited to provisions for the automatic reversal of decisions denying coverage for services pending the outcome of the internal grievance process, within 48 hours of receipt of certification by the physician that, in his or her opinion:

1. the service at issue in a grievance is medically necessary;
2. a denial of coverage for such services would create a substantial risk of serious harm to the patient; and
3. such risk of serious harm is so immediate that the provision of such services should not await the outcome of the normal grievance process.

**Failure of PPO to Meet Time Limits.** A grievance not properly acted on by PPO within the time limits required by Massachusetts' laws and regulations will be deemed resolved in favor of the Insured Person.

Time limits include any extensions made by mutual written agreement of the Insured Person and PPO.

## QUALITY ASSURANCE

The delivery of quality vision care is of prime concern to PPO and to the Policyholders and the Insured Persons which the PPO serves. It is PPO's credo that Insured Persons receive high quality vision care services, spectacles and contact lenses, where these products are available through their respective plans. Ultimately, it is the perceived value and expectations of each of the PPO's Insured Persons or patients that will decide the quality of care delivered. Quality care assures Insured Person satisfaction.

The PPO Quality Assurance Program includes:

- Patient surveys with patient input on vision care services provided.
- Patient grievance procedures with formal and timely grievance management.
- Provider profiling programs to review, evaluate, and identify Provider achievements or deficiencies and to initiate appropriate remediation.
- Oversight Committees consisting of Grievance, Peer Review and Quality Assurance Committees whose functions are to review and make recommendations for remediation or termination of a Provider.
- Product quality assurance standards to insure the delivery of quality ophthalmic products.

Please call 1-877-226-1115 to determine the status or outcome of a utilization review.

## SCHEDULE OF BENEFITS

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Benefit Frequency</b>
<b>VISION EXAMINATION</b>			
<b>Comprehensive Eye Examination</b>	\$10 Co-payment	up to \$50	12 months
<b>VISION MATERIALS</b>			
<b>Standard Plastic Lenses</b>			
Single Vision	\$25 Co-payment	up to \$42	12 months
Bifocal	\$25 Co-payment	up to \$78	
Trifocal	\$25 Co-payment	up to \$130	
<b>Frames</b>	\$0 Co-payment, up to \$130 retail allowance	up to \$74	24 months
<b>Contact Lenses (only one option available per Benefit Frequency)</b>			12 months
Conventional	\$0 Co-payment, up to \$130 allowance	up to \$104	
Disposable	\$0 Co-payment, up to \$130 allowance	up to \$104	
Medically Necessary	Paid in full	up to \$200	
<b>Lens Options</b>			
Standard Polycarbonate (For covered Dependent children under 19 years of age.)	\$0 Co-payment	up to \$26	12 months
Standard Progressive Lenses (add on to Bifocal)	\$25 Co-payment	up to \$140	



# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111-2406  
Phone 800-648-8624  
A STOCK COMPANY  
(Herein Called "the Company")

## AMENDMENT RIDER For Massachusetts Residents Only

By attachment of this Rider, the Policy/Certificate is amended by the following:


**Voluntary and Involuntary Disenrollment.** Under Massachusetts law, the Company is required to report the voluntary and involuntary disenrollment rate amount among the Company's Insureds. The rates are:

Voluntary disenrollment rate: 5% of Insureds  
Involuntary disenrollment rate: 0% of Insureds

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary





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## AMENDMENT RIDER For Massachusetts Residents Only

By attachment of this Rider, the Policy/Certificate is amended by the following:

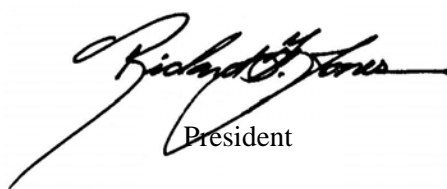
Any provision of the Policy/Certificate that provides coverage for a Dependent child up to a certain age is amended to cover such child to age 26, regardless of financial dependency, residency, student status or marital status.

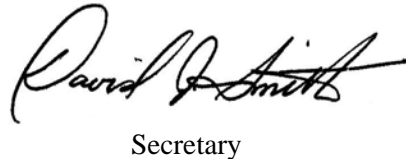
Coverage for a Dependent child will continue to the earlier of age 26 or for two years after the loss of dependent status under the Internal Revenue Code. For purposes of this continuation, the date on which a person loses dependent status is December 31<sup>st</sup> of the last federal tax year for which the individual was claimed as a dependent on the child's parent's federal income tax form.

Dependent will include a dependent child of a Dependent child.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary

**FACTS****WHAT DOES Fidelity Security Life Insurance Company and Affiliates DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?**

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and transaction history
- medical information and insurance claim information
- assets and checking account information

When you are no longer our customer, we continue to share your information as described in this notice.

**How?**

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Fidelity Security Life share?	Can you limit this sharing?
<b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> – to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes</b> – information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> – information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?**

Call 800-648-8624 or go to [www.fslins.com](http://www.fslins.com) or [www.ftj.com](http://www.ftj.com)

Who we are	
Who is providing this notice?	Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers.

What we do	
How does Fidelity Security Life Insurance Company and Affiliates protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>These physical, electronic &amp; procedural safeguards were created to protect your information. We also limit employee access as appropriate.</p>
How does Fidelity Security Life Insurance Company and Affiliates collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>■ apply for insurance or pay insurance premiums</li> <li>■ file an insurance claim or give us your contact information</li> <li>■ show your driver's license</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>Our affiliates include Forrest T. Jones &amp; Company, Inc., Forrest T. Jones Consulting Company, National Pension &amp; Group Consultants, Inc., and FTJ FundChoice, LLC.</i></li> </ul>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i></li> </ul>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i></li> </ul>

Other important information	



# FIDELITY SECURITY LIFE INSURANCE COMPANY

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## NOTICE OF ADMINISTRATOR'S CAPACITY

**PLEASE READ:** This notice advises insured persons of the identity and relationship among the administrator, the policyholder and the insurer:

1. Fidelity Security Life Insurance Company (FSL) has, by agreement, arranged for First American Administrators, Inc. to provide administrative services for your insurance plan. As administrator, First American Administrators, Inc., is authorized to process claim payments, and perform other services, according to the terms of its agreement with the insurance company. First American Administrators, Inc. is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. Fidelity Security Life Insurance Company is liable for the funds to pay your insurance claims.

As First American Administrators, Inc. is authorized to process claims for the insurance company, they will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against First American Administrators, Inc. than would otherwise be afforded to you by law.



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## **Massachusetts Bulletin for People with Medicare**

### **Health insurance programs for people with Medicare include:**

- Original Medicare (Part A and Part B)
- Original Medicare + Medicare Supplement Insurance (Medigap)
- Medicare Advantage Plans (Medicare Part C)
- Medicare Prescription Drug Coverage (Medicare Part D)
- Employer or Union Health Coverage (including retiree health plans)
- COBRA
- MassHealth (Medicaid) Programs
- Veterans Health Benefits
- Military Benefits (TRICARE)
- Indian Health Services

### **Programs for people with limited income and resources that may help pay for some health care and prescription drug costs**

- "Extra Help" Paying for Medicare Prescription Drug Coverage (Part D)
- Medicare Savings Programs (Help with Medicare Costs)
- MassHealth (Medicaid)
- Prescription Advantage (State Pharmacy Assistance Program)

This Bulletin provides basic information about some of the programs listed above. Contact your plan benefits administrator for information about employer, union, retiree or other group health coverage. Contact your local veterans' agent for information about veterans health care services. Contact Indian Health Services for health care services for American Indians and Alaska Natives.

## Medicare

Medicare is health insurance for people:

- age 65 or older
- under age 65 with certain disabilities
- any age with End-Stage Renal Disease (ESDR) (permanent kidney failure requiring dialysis or a kidney transplant)

Medicare has four parts:

- **Medicare Part A (Hospital)** helps cover inpatient care in hospitals, skilled nursing facilities, hospice care, home health care and other services.
- **Medicare Part B (Medical)** helps cover out-patient medically-necessary services like doctor's services, outpatient care, some preventive services, x-rays, tests, physical, occupational and speech therapy, ambulance service, medical supplies and equipment.
- **Medicare Part C (Medicare Advantage Plans)** are sold by private insurers. Medicare Advantage Plans cover Part A, Part B and other services. Some plans include Medicare prescription drug coverage (Part D). See details below.
- **Medicare Part D (Medicare Prescription Drug Coverage)** helps pay for outpatient prescription drugs.

## Medicare Options

There are two ways to get Medicare health coverage:

1. **Original Medicare** covers **Part A** and **Part B** services. You can go to any doctor, hospital or other provider that accepts Medicare. Original Medicare is managed directly by Medicare.

People who choose Original Medicare may purchase Medicare Supplement Insurance (Medigap) **from private insurers** to cover out-of-pocket costs (gaps) in Original Medicare.

If you want prescription drug coverage, you must choose and join a Medicare Prescription Drug Plan

2. **Medicare Advantage Plans (MAP)-Part C**

Medicare Advantage Plans include both Part A and Part B and **may** cover extra services not covered by Medicare such as vision, hearing, dental, health and wellness programs.

You must have Medicare Part A and Part B and pay the Part B premium.

Medicare Advantage Plans are sold by private companies approved by Medicare.

You do not need to buy (or can't buy) a Medigap policy to cover Medicare Advantage Plan out-of-pocket costs.

Most Medicare Advantage plans require you to pay a monthly premium, copayments, coinsurance and deductibles. Out of pocket costs, extra benefits and rules vary from plan to plan.

There are different types of Medicare Advantage Plans including:

- Medicare Health Maintenance Organization (HMO) Plan
- Preferred Provider Organization (PPO) Plan
- Private Fee-For-Service (PFFS) Plan
- Medical Savings Account (MSA) Plan
- Special Needs Plan (SNP)

### **Medicare Prescription Drug Coverage (Part D)**

Medicare offers prescription drug coverage (Part D) to help pay for prescription drug costs for people with Medicare.

Medicare prescription drug plans are sold by private companies approved by Medicare.

Many Medicare Advantage Plans offer prescription drug coverage (Part D) usually for additional cost.

People with Medicare who do not join a Medicare prescription drug plan when first eligible, may have to pay a late enrollment penalty (higher premiums).

People with limited income and resources, may be eligible for extra help to pay for Medicare drug plan costs.

*Medicare Advantage Plans (Part C) and Medicare prescription drug plans (Part D) benefits, formularies, premiums, copayments, coinsurance and rules etc. vary from company to company, from plan to plan and may change every year. Each year, Medicare enrollees should examine and compare the costs, benefits and plan rules to choose the plan that best works with their health care and other needs.*

For more details refer to the official U.S. government “Medicare & You” handbook or contact Medicare at:

**1-800-Medicare (1-800-633-4227)**

**(TTY 1-877-486-2048** for people with partial or total hearing loss)

or visit **[www.medicare.gov](http://www.medicare.gov)**

For free health insurance information, counseling or help choosing a health plan contact:

**SHINE(Serving Health Information Needs of Elders)**

**1-800-AGE-INFO(1-800-243-4636) press 3**

**(TTY: 1-800-872-0166** for people with partial or total hearing loss)

## **Medicare Supplement Insurance (“Medigap”)**

Medicare Supplement Insurance (Medigap) is health insurance sold by private insurance companies to individuals enrolled in the Original Medicare Plan to cover the “gaps” in the Original Medicare Plan. Some Medigap policies also cover benefits that the Original Medicare Plan does not cover. Two standard Medigap policies are offered to Massachusetts residents:

- Medicare Supplement Core
- Medicare Supplement 1

*In compliance with Federal regulations, Medicare Supplement 2 plans which include prescription drug coverage may no longer be offered. Members who were enrolled in Medicare Supplement 2 plans on or before December 31, 2005 may remain enrolled in their Supplement 2 plans and continue their prescription coverage.*

Medicare Supplement Insurance is regulated by federal and state laws

- The Medigap policy must clearly define it as “Medicare Supplement Insurance”. Coverage and text is standard for all insurers.
- Medigap policies are guaranteed renewable and cannot be cancelled unless the beneficiary stops paying the premium or provides false information on the application.
- Medigap insurers cannot refuse to sell a policy, exclude or limit coverage, or require a waiting period before coverage starts due to existing health problems.
- Medigap insurers must offer the same premium (a “community rate”) to all policyholders and cannot charge a different premium based on age or health.

The Massachusetts Division of Insurance monitors insurance companies authorized to sell insurance in Massachusetts. For general information contact,

**Massachusetts Division of Insurance**  
**617-521-7794 (Boston), 413-785-5526 (Springfield)**  
**(TTY: 617-521-7490 for people with partial or total hearing loss)**  
or visit **[www.state.ma.us/doi](http://www.state.ma.us/doi)**

For information and counseling about Medicare programs and options, contact

**SHINE (Serving Health Information Needs of Elders)**  
**1-800-AGE-INFO(1-800-243-4636) press 3**  
**(TTY: 1-800-872-0166 for people with partial or total hearing loss)**



## **Programs for People with Limited Income and Resources**

- **Extra Help Paying for Medicare Prescription Drug Coverage (Part D)**

“Extra Help” (also called low-income subsidy) is available from Medicare to help pay prescription drug costs if the person’s income and resources are below certain limits and the person is enrolled in a Medicare prescription drug plan.

“Extra Help” may include help paying the drug plan premium, the deductible, copayments and the doughnut hole (coverage gap).

- **Medicare Savings Programs (MassHealth Buy-In)**

Medicare Savings Programs is a federal program for people eligible for Medicare. Medicare Savings Programs are administered by MassHealth and is called MassHealth Buy-In.

MassHealth Buy-In pays Medicare Part A and B premium for Massachusetts residents who have limited income and resources and who are not getting other MassHealth benefits. To get MassHealth Buy-In, your income and assets must be under certain limits.

For more information about eligibility and enrollment contact:

- **MassHealth**

Masshealth(Medicaid) administers various programs that help pay medical costs for people with limited income and resources.

MassHealth is administered by the Massachusetts Executive Office of Health and Human Services.

Several MassHealth programs for seniors and others include:

- **MassHealth Standard** pays for a wide range of health-care benefits and is the only coverage that pays for long-term-care services.
- **MassHealth Standard for people aged 65 or over who need Personal Care Attendant (PCA)**
- **Program for All-inclusive Care for the Elderly (PACE)**  
A program that allows people that need nursing home level of care to remain in the community. PACE providers deliver needed medical and support services to seniors living in the community.
- **SCO (Senior Care Options)**

MassHealth Senior Care Options (SCO) is a coordinated health plan that combines Medicare and Medicaid health care services with social support services.

For information or questions about eligibility and enrollment for contact:

**MassHealth Customer Service 1-800-841-2900**

**(TTY: 1-800-497-4648 for people with partial or total hearing loss)**

or visit **[www.800ageinfo.com](http://www.800ageinfo.com)**

## **Prescription Advantage (State Pharmacy Assistance Program-SPAP)**

Prescription Advantage is a State Pharmacy Assistance Program for seniors and people with disabilities. Prescription Advantage is administered by the Massachusetts Executive Office of Elder Affairs. Prescription Advantage is available to Massachusetts residents who are not receiving prescription drug coverage from MassHealth/Medicaid and who are:

- Age 65 or older; and enrolled in a Medicare prescription drug plan (Medicare Part D) or other creditable coverage and not eligible for MassHealth Standard.  
Prescription Advantage supplements Medicare Part D coverage.
- Under age 65, have a qualified disability, work no more than 40 hours per month, and meet Prescription Advantage income requirements.
- There is no premium for most people enrolled in the Massachusetts Prescription Advantage program.

For information or questions about eligibility and enrollment in Prescription Advantage contact:

**Prescription Advantage Customer Service**  
**1-800-AGE-INFO (1-800-243-4636) press 2**  
(TTY: 1-800-610-0241 for people with partial or total hearing loss)  
or visit [www.800ageinfo.com](http://www.800ageinfo.com)

## Helpful Numbers

### Massachusetts Executive Office of Elder Affairs Connections

To directly connect with elder services in your area call

**1-800-AGE-INFO (1-800-243-4636)**

press or say:

- to connect to your local elder service agency or caregiver program **1**
- to connect to Prescription Advantage-state prescription drug program **2**
- to connect to your regional SHINE Program **3**
- to report elder abuse, neglect or financial exploitation **4**
- for all other matters **5**

### **MassHealth**

**Customer Service 1-800-841-2900**

[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**TTY: 800-497-4648**

MassHealth provides a wide range of health care services that pay for all or part of the health care cost for elders with limited income and resources. Contact MassHealth for information about their health care programs including MassHealth Standard and Medicare Savings Programs.

### **MassHealth Senior Care Options (SCO)**

**1-888-885-0484**

[www.mass.gov/masshealth](http://www.mass.gov/masshealth).

**TTY: 1-888-821-5225**

A health plan that combines Medicare and Medicaid services with home social support services.

### **Massachusetts Division of Insurance**

**Boston 617-521-7794**

[www.state.ma.us/doi](http://www.state.ma.us/doi)

**Springfield 413-785-5526**

**TTY: 617-521-7490**

DOI regulates insurance companies authorized to sell insurance in Massachusetts and investigates consumer complaints against insurance companies, brokers, agents and other licensees.

### **Protective Services**

**Elder Abuse Hotline 1-800-922-2275**

Protective Services provide services to eliminate or alleviate abuse of elders. Community agencies and case workers coordinate and provide a variety of health, mental health, legal and social services. To report elder abuse, call the Elder Abuse Hotline 24-hours a day, 7 days a week.

### **Office of the Massachusetts Attorney General**

**Hotline 1-888-830-6277**

[www.ago.state.ma.us](http://www.ago.state.ma.us)

**MassPRO (Health Quality Improvement Organization )**

**Helpline 1-800-252-5533**

[www.masspro.org](http://www.masspro.org)

MassPRO contracts with Medicare as a Quality Improvement Organization (QIO) that oversees and improves the care given to Medicare patients. MassPRO processes appeals for Medicare patients and reviews Medicare beneficiary medical quality of care complaints.

**Massachusetts Medicare Advocacy Project (MAP)**

**1-800-323-3205**

MAP provides Medicare beneficiaries free legal advice and legal representation for appealing medical decisions made by Medicare providers in both fee-for-service Medicare and Medicare HMOs and for other insurance programs.

**Medicare Helpline (24 hours a day, 7 days a week)**

**1-800-MEDICARE**

[www.medicare.gov](http://www.medicare.gov)

**(1-800-633-4227)**

**MassMedLine**

**1-866-633-1617**

[www.massmedline.com](http://www.massmedline.com)

MassMedLine provides prescription medication information and help to Massachusetts residents applying for prescription drug assistance programs. MassMedLine is staffed by pharmacy professionals. MassMedLine is service of the Massachusetts College of Pharmacy and Sciences and the Massachusetts Executive Office of Elder Affairs.

**Social Security Administration**

**1-800-772-1213**

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Contact Social Security to enroll in Social Security, SSI, SSDI and Medicare, or to report a change in address or income, or to replace a lost Medicare card.

For SHINE services, contact your local Senior Center or Council on Aging or call:

**SHINE(Serving Health Information Needs of Elders)**

**1-800-AGE-INFO(1-800-243-4636) press 3**

**(TTY: 1-800-872-0166 for people with partial or total hearing loss)**

SHINE counselors provide free health information, counseling and assistance to Medicare beneficiaries and their families.

SHINE is a federal/state program in partnership elder service agencies and Councils on Aging throughout the Commonwealth. SHINE is partially funded by Medicare.

**Standard Medigap Plans  
Available in Massachusetts  
in 2011**

Comparison of Plans	Core	Supplement 1
<b>Basic Benefits Included In All Plans:</b>		
<b>Hospitalization Part A Co-payments</b>		
Days 61 - 90: \$283 per day	X	X
Days 91-150: \$566 per day	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X
<b>Part B Coinsurance -</b>		
Coverage of coinsurance, in most cases, 20% of approved amount	X	X
<b>Parts A and B Blood</b> First 3 pints	X	X
Additional Benefits	Core	Supplement 1
<b>Part A Deductible for Hospital Days 1 - 60</b> \$1132 per benefit period		X
<b>Skilled Nursing Facility Coinsurance</b> Days 21-100 - \$141.50 per day		X
<b>Part B Annual Deductible - \$162</b>		X
<b>Foreign Travel -</b> For Medicare-covered services needed while traveling abroad.		X
<b>Inpatient Days in Mental Health Hospitals</b> In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period

**Medicare Supplement Plans  
Offered in Massachusetts  
in 2011**

<b>Medigap Carriers</b> Please note that rates may change in 2011	<b>Medicare Supplement Core</b>	<b>Medicare Supplement 1</b>
<b>Blue Cross &amp; Blue Shield of MA (Medex™)</b> 1-800-678-2265 sales/apps 1-800-258-2226 member services 1-800-522-1254 (TDD) <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> (continuous open enrollment)	<b>\$91.22</b>	<b>\$172.81</b>
<b>Fallon Health &amp; Life Assurance Company</b> 1-866-330-6380 sales/apps 1-800-868-5200 member services 1-877-608-7677 (TDD) <a href="http://www.fchp.org/medicare-choices">www.fchp.org/medicare-choices</a> (continuous open enrollment)	<b>\$125.00</b>	<b>\$199.00</b>
<b>HPHC Insurance Company, Inc.</b> 1-800-782-0334 sales/apps 1-877-907-4742 member services 1-888-259-8276 (TDD) <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> (continuous open enrollment)	<b>\$97.50</b>	<b>\$183.50</b>
<b>Humana Insurance Company</b> 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) <a href="http://www.humana-medicare.com">www.humana-medicare.com</a> (continuous open enrollment)	<b>\$125.00</b>	<b>\$195.28</b>

<p><b>Tufts Insurance Company</b>  1-800-714-3000 sales/apps  1-800-701-9000 member services  TDD  1-800-208-9562 (member services)  1-888-899-8977 (sales/apps)  <a href="http://www.tuftsmedicarepreferred.org">www.tuftsmedicarepreferred.org</a>  (continuous open enrollment)</p>	<p><b>\$89.87</b></p>	<p><b>\$174.72</b></p>
<p><b>United HealthCare™ Insurance Company</b>  <u>Only for members of AARP</u>  (American Association of Retired Persons)  1-800-523-5800  (continuous open enrollment)</p>	<p><b>\$136.00</b></p>	<p><b>\$207.50</b></p>

**Medicare Advantage Plans  
Offered in Massachusetts  
in 2011**

<b>Company</b>	<b>Plan Name</b>	<b>Plan Type</b>	<b>Monthly Premium</b>	<b>Drugs</b>	<b>Doctor Choice</b>	<b>Counties</b>
<b>AARP Medicare Complete Provided by Secure Horizons</b>  Phone: 1-800-547-5514	Medicare Complete Plus	HMO	\$0.00	Yes	Plan Doctors Only (some exceptions)	Middlesex Suffolk
	Medicare Complete Choice	PPO	\$0.00	Yes	Any Doctor	Barnstable Berkshire Bristol Dukes Essex Franklin Hampden Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester
<b>Blue Cross Blue Shield of Massachusetts</b>  Phone: 1-800-678-2265 TTY: 1-800-522-1254	Medicare HMO Blue PlusRx	HMO	\$181.00	Yes	Plan Doctors Only	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester
	Medicare PPO Blue PlusRx	PPO	\$134.00	Yes	Any Doctor	Barnstable Bristol Essex Franklin Hampden Hampshire Middlesex Norfolk Plymouth Suffolk Worcester



<b>Erickson Advantage</b>  Phone: 1-800-704-7839	Erickson Advantage Champion	HMO- SNP	\$159.00	Yes	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Guardian	HMO- SNP	\$29.00	Yes	Plan Doctors Only	Essex
	Erickson Advantage Signature with Drugs	HMO- SNP	\$159.00	Yes	Plan Doctors Only	Essex Plymouth
	Erickson Advantage Signature without Drugs	HMO	\$121.00	No	Plan Doctors Only	Essex Plymouth
<b>Evercare Health Plan</b>  Phone: 1-888-834-3721	Evercare Plan IP (institutional)	PPO- SNP	\$27.40	Yes	Any Doctor	Bristol Essex Hampden Middlesex Norfolk Plymouth Suffolk Worcester
<b>Fallon Community Health Plan</b>  Phone: 1-888-377-1980 TTY: 1-877-608-7677	Fallon Senior Plan Plus Enhanced Rx	HMO	\$198.00	Yes	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Plus Enhanced Rx	HMO	\$107.00	Yes	Plan Doctors Only	Hampden
	Fallon Senior Plan Saver	HMO	\$28.00	No	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Saver	HMO	\$0.00	No	Plan Doctors Only	Hampden
	Fallon Senior Plan Saver Basic Rx	HMO	\$54.00	Yes	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Saver Basic Rx	HMO	\$21.00	Yes	Plan Doctors Only	Hampden
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$65.00	Yes	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Saver Enhanced Rx	HMO	\$32.00	Yes	Plan Doctors Only	Hampden
	Fallon Senior Plan Standard	HMO	\$96.00	No	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Standard	HMO	\$42.00	No	Plan Doctors Only	Hampden

	Fallon Senior Plan Standard Rx	HMO	\$138.00	Yes	Plan Doctors Only	Franklin Middlesex Worcester
	Fallon Senior Plan Standard Rx	HMO	\$84.00	Yes	Plan Doctors Only	Hampden
<b>Health New England</b>  Phone: 1-413-787-0010 TTY: 1-800-439-2370	HNE Medicare Basic No RX	HMO	\$6.00	No	Plan Doctors Only	Franklin Hampden Hampshire
	HNE Medicare Basic RX	HMO	\$52.00	Yes	Plan Doctors Only	Franklin Hampden Hampshire
	HNE Medicare Plus RX	HMO	\$80.00	Yes	Plan Doctors Only	Franklin Hampden Hampshire
	HNE Medicare Premium No RX	HMO	\$70.00	No	Plan Doctors Only	Franklin Hampden Hampshire
	HNE Medicare Premium RX	HMO	\$142.00	Yes	Plan Doctors Only	Franklin Hampden Hampshire
	HNE Medicare Freedom (HMO-POS)	HMO	\$158.00	Yes	Plan Doctors Only	Franklin Hampden Hampshire
<b>Tufts Health Plan</b>  Phone: 1-877-218-4835 TTY: 1-888-899-8977	Medicare Preferred HMO Basic	HMO	\$0.00	No	Plan Doctors Only	Barnstable Bristol Hampden Hampshire Middlesex Norfolk Plymouth
	Medicare Preferred HMO Basic	HMO	\$20.00	No	Plan Doctors Only	Essex Suffolk Worcester
	Medicare Preferred HMO Basic Rx	HMO	\$35.90	Yes	Plan Doctors Only	Barnstable Bristol Hampden Hampshire Middlesex Norfolk Plymouth
	Medicare Preferred HMO Basic Rx	HMO	\$55.90	Yes	Plan Doctors Only	Essex Suffolk Worcester

	Medicare Preferred HMO Prime	HMO	\$102.00	No	Plan Doctors Only	Barnstable
	Medicare Preferred HMO Prime	HMO	\$92.00	No	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime	HMO	\$72.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime	HMO	\$116.00	No	Plan Doctors Only	Essex Suffolk Worcester
	Medicare Preferred HMO Prime Rx	HMO	\$137.90	Yes	Plan Doctors Only	Barnstable
	Medicare Preferred HMO Prime Rx	HMO	\$127.90	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx	HMO	\$107.90	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime Rx	HMO	\$151.90	Yes	Plan Doctors Only	Essex Suffolk Worcester
	Medicare Preferred HMO Prime Rx Plus	HMO	\$169.90	Yes	Plan Doctors Only	Barnstable
	Medicare Preferred HMO Prime Rx Plus	HMO	\$159.90	Yes	Plan Doctors Only	Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Prime Rx Plus	HMO	\$139.90	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Prime Rx Plus	HMO	\$183.90	Yes	Plan Doctors Only	Essex Suffolk Worcester
	Medicare Preferred HMO Value	HMO	\$62.00	No	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth

	Medicare Preferred HMO Value	HMO	\$42.00	No	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value	HMO	\$83.00	No	Plan Doctors Only	Essex Suffolk Worcester
	Medicare Preferred HMO Value Rx	HMO	\$97.90	Yes	Plan Doctors Only	Barnstable Bristol Middlesex Norfolk Plymouth
	Medicare Preferred HMO Value Rx	HMO	\$77.90	Yes	Plan Doctors Only	Hampden Hampshire
	Medicare Preferred HMO Value Rx	HMO	\$118.90	Yes	Plan Doctors Only	Essex Suffolk Worcester

**HMO = Health Maintenance Organization** A type of plan in which you can only go to doctors, hospitals and other providers that belong to the plan network, except in an emergency.

**MSA = Medical Savings Account** A plan that has two parts. The first part is a high-deductible Medicare Advantage MSA Health Plan. This health plan won't begin to pay covered costs until you have met the annual deductible, which varies by plan. The second part is a Medical Savings Account into which Medicare deposits money that you may use to pay health care costs.

**PPO = Preferred Provider Organization** A type of plan in which you pay less if you use doctors, hospitals, and other providers that belong to the plan network. You can use doctors, hospitals, and other providers outside of the network for an additional cost.

**PFFS = Private Fee for Service** A type of Medicare Health Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and how much you will pay for the services you have. Under this type of plan you may pay more or less for Medicare-covered benefits and you may have extra benefits that Original Medicare Plan doesn't cover.

**SCO = Senior Care Option** A voluntary program that combines health care services with social support services to help low-income seniors maintain their health and stay in their own homes. With SCO, a team of medical professionals works together to provide you with care that is individually tailored to meet your needs. You must be 65 years of age or older and eligible for MassHealth (Medicaid) to join; you may also have Medicare.

**SNP = Special Needs Plan** A special type of Medicare Advantage Plan that provides all Medicare Part A and Part B health care and services to people who can benefit the most from things like special care for chronic illnesses, care management of multiple diseases, and focused care management. These plans may limit membership to people in certain institutions (like a nursing home), eligible for both Medicare and Medicaid, or with certain chronic or disabling conditions.

**Medicare Prescription Drug Plans  
Offered in Massachusetts in 2011**

<b>Company</b>	<b>Prescription Drug Plan</b>	<b>Monthly Premium</b>	<b>Annual Deductible</b>	<b>Customer Service Phone Number</b>
<b>Blue Cross Blue Shield of Massachusetts</b>	• Blue MedicareRx Value Plus	\$55.50	\$0	Phone: 1-877-479-2227
	• Blue MedicareRx Premier	\$106.60	\$0	TTY: 1-866-236-1069
<b>Bravo Health</b>	• Bravo Rx	\$34.00	\$310	Phone: 1-800-723-9209
<b>CIGNA Medicare Rx</b>	• CIGNA Medicare RX Plan One	\$36.10	\$310	Phone: 1-800-735-1459
	• CIGNA Medicare Rx Plan Two	\$66.00	\$0	TTY: 1-800-322-1451
<b>Envision RxPlus</b>	• Envision Rx Plus Silver	\$46.10	\$310	Phone: 1-866-250-2005
	• Envision RX Plus Gold	\$75.30	\$150	TTY: 1-866-763-9630
<b>First Health Part D</b>	• First Health Part D Premier	\$30.50	\$150	Phone: 1-800-882-3822
	• First Health Part D Premier Plus	\$84.40	\$0	

<b>Health Spring Prescription Drug Plan</b>	<ul style="list-style-type: none"> <li>• Health Spring Prescription Drug Plan – Reg 2</li> </ul>	\$35.20	\$310	Phone: 1-615-291-7024  TTY: 1-866-845-7230
<b>Humana Insurance Company</b>	<ul style="list-style-type: none"> <li>• Humana Walmart – Preferred RX Plan</li> <li>• Humana Enhanced</li> <li>• Humana Complete</li> </ul>	\$14.80 \$45.80 \$110.10	\$310 \$0 \$0	Phone: 1-800-706-0872
<b>Medco Medicare Prescription Plan</b>	<ul style="list-style-type: none"> <li>• Medco Prescription Plan – Value</li> <li>• Medco Prescription Plan - Choice</li> </ul>	\$36.30 \$120.10	\$310 \$250	Phone: 1-800-758-3605  TTY: 1-800-716-3231
<b>Rx America</b>	<ul style="list-style-type: none"> <li>• Advantage Star Plan</li> </ul>	\$32.40	\$310	Phone: 1-800-429-6686  TTY: 1-877-279-0371
<b>SilverScript Insurance Company</b>	<ul style="list-style-type: none"> <li>• CVS Caremark Value</li> <li>• CVS Caremark Plus</li> </ul>	\$33.10 \$75.20	\$310 \$0	Phone: 1-866-552-6106  TTY: 1-866-552-6288

<b>Sterling Life Insurance Company</b>	<ul style="list-style-type: none"> <li>• Sterling Rx</li> </ul>	\$55.70	\$100	Phone: 1-888-909-1713  TTY: 1-888-858-8567
<b>Tufts Health Plan</b>	<ul style="list-style-type: none"> <li>• Medicare Preferred PDP Standard</li> </ul>	\$44.60	\$310	Phone: 1-877-218-4835
	<ul style="list-style-type: none"> <li>• Medicare Preferred PDP Enhanced</li> </ul>	\$69.60	\$0	TTY: 1-888-899-8977
<b>Unicare</b>	<ul style="list-style-type: none"> <li>• Medicare RX Rewards Standard</li> </ul>	\$35.10	\$310	Phone: 1-877-541-7382  TTY: 1-800-241-6894
<b>United American Insurance Company</b>	<ul style="list-style-type: none"> <li>• UA Medicare Part D Prescription Drug Coverage</li> </ul>	\$43.40	\$110	Phone: 1-866-524-4169 TTY: 1-866-524-4170
<b>United HealthCare Insurance Company</b>	<ul style="list-style-type: none"> <li>• AARP Medicare Rx Preferred</li> </ul>	\$32.90	\$0	Phone: 1-888-867-5564
	<ul style="list-style-type: none"> <li>• AARP Medicare Rx Enhanced</li> </ul>	\$88.50	\$0	
<b>Universal American</b>	<ul style="list-style-type: none"> <li>• Community CCRx Basic</li> </ul>	\$31.70	\$310	Phone: 1-866-423-5040
	<ul style="list-style-type: none"> <li>• Community CCRx Choice</li> </ul>	\$83.80	\$0	TTY: 1-866-684-5351
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• WellCare Classic</li> </ul>	\$35.20	\$310	Phone: 1-888-293-5151
	<ul style="list-style-type: none"> <li>• WellCare Signature</li> </ul>	\$53.50	\$0	TTY: 1-888-816-5252

# EyeMed

VISION CARE

## Application for Vision Care Benefits

Underwritten by Fidelity Security Life Insurance Company  
Kansas City, Missouri.

### I. GROUP INFORMATION

Group Name: Bentley University Tax ID#: 04-1081650

DBA Name (if other than above):

Business Address: 175 Forest St. City: Waltham State: MA Zip: 02452

Mailing Address: 175 Forest St., Human Resources, LaCava 145 City: Waltham State: MA Zip: 02452

Primary Contact: Laurie Fontaine Title: Director of Benefits

Phone Number: 781-891-2955 Fax Number: \_\_\_\_\_

E-mail Address: lfontaine@bentley.edu

Type of Business:  Proprietorship  Corporation  Other (Specify): Not-for-profit

Service Area:  National (United States-- does not include Puerto Rico)  State Specific (List) \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:**

MEWA  PEO  Trust  Union

If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the address above, please explain: \_\_\_\_\_

Billing Contact Name: Sandy Smith Phone: 781-891-2817

Billing Address: see mailing address City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper signed by you:

Name	Address	Billing Contact & Phone Number
------	---------	--------------------------------

Will this plan replace any existing coverage?  Yes  No

If "Yes," indicate name and address of existing insurer:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective date of existing coverage: \_\_\_\_\_

Termination date of existing coverage (if applicable): \_\_\_\_\_

If "Yes," are any Employees/Members on COBRA continuation?  Yes  No How many? \_\_\_\_\_

Do you intend to offer Employees/Members COBRA continuation?  Yes  No

### II. PLAN SELECTION

Please refer to the attached proposal page. Services are provided by EyeMed Vision Care.

### III. PREMIUMS

Contribution towards premium:  Yes  No



Group's Premium Contribution for\*: Employees/Members: 0% Dependents: \_\_\_%  
Employee's/Member's Premium Contribution for: Employees/Members: 100% Dependents: \_\_\_%  
Are Employee/Member and Dependent premiums paid through a Section 125 Plan?  Yes  No  
Are Employee/Member and Dependent premiums collected via payroll deduction?  Yes  No

Premiums shall be payable at the rates included on the attached proposal page.

*\*If the Group's contribution percentage is changed or the number of eligible Employees/Members increases or decreases, premium may be adjusted as allowed under the Policy. The premium may be adjusted at the end of the calendar month in which the change occurred.*

#### IV. ELIGIBILITY

Number of Employees/Members: 880 Number Applying: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Number of Retirees: 0

Are Domestic Partners covered under this Plan?  Yes  No

Same-Sex\*?  Yes  No Opposite Sex\*?  Yes  No

Dependent Children Covered to Age\*\*  26  Other: \_\_\_\_\_

Dependent Children Covered if Full-Time Student\*\*  Yes  No

If "Yes", Dependent Full-Time Student Covered to\*\*  27  Other: \_\_\_\_\_

*\*Except as required by state law.*

*\*\*or for 2 years after the end of the calendar year in which such persons last qualified as a Dependent, whichever occurs first.*

Eligibility Reporting Contact (produces the eligibility file): Sandy Smith

Address (if different from group): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: ssmith@bentley.edu Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision election for Employees/Members):

Name: Sandy Smith Phone: 781-891-2817

Days/Hours of Availability: M-F, 8:30 to 4:30 E-mail Address: ssmith@bentley.edu

#### PROBATIONARY PERIOD

For New Employees/Members:  30 days  60 days  90 days  180 days  Other: \_\_\_\_\_

Probationary Period is waived for present Employees/Members:  Yes  No

Number of Employees/Members who have not yet completed the probationary period: \_\_\_\_\_

#### V. EFFECTIVE DATE

This plan will become effective at 12:01 a.m. Local Time at the Group's address herein, on the first day of January, 2011, provided all of the following have been completed prior to this effective date:

- A. This application has been received and accepted by the Company (must be submitted 30 days in advance of the effective date).
- B. EyeMed has been furnished a working file of all eligible Employees/Members, according to the layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.

The Group hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums monthly.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members and their Dependents may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation. It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he or she is not at work on such date performing all duties of his or her occupation and otherwise meets the requirements of the Company.

**Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Dated at Waltham, MA this 21st day of October, 2012.

Signed for the Group: X *Laura Benjamin* Title: Director of Benefits

**VI. EMPLOYEE/MEMBER ID CARDS**

Group will be receiving ID cards:  Yes  No

Company Name: Bentley University  
(Maximum of 30 characters, including punctuation, spacing and any code.)

Delivery of ID cards mailed directly to Employee's/Member's home address.

**ATTENTION: THE DEPARTMENT OF INSURANCE REQUIRES THAT ONLY THE BROKER AND/OR GENERAL AGENT WHO SOLD THE PRODUCT AND HOLDS A VALID LIFE AND HEALTH LICENSE MAY COMPLETE THE CERTIFYING STATEMENT.**

**WRITING BROKER'S CERTIFYING STATEMENT**

I certify that I have accurately recorded on this application the information supplied by the applicant and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): Thorbahn Associates Tax ID No.: 04 3563135

Broker Name (print): John Thorbahn SS#: \_\_\_\_\_

Address: 141 Longwater Drive City: Norwell State: MA Zip: 02061

Phone: 617-847-3900 Fax: 617-847-1422

Primary Contact: Karen Bacon Title: Assistant VP E-mail Address: kbacon@thorbahn.com

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Commission checks payable to  Firm  Broker

Broker's Signature: X *[Signature]*



**EyeMed**  
 EyeCare  
 EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Vision Care Services		Member Cost	Out-of-Network Reimbursement
Exam with Dilatation as Necessary		\$10 Copay	\$50
Exam Options:			
Standard Contact Lens Fit and Follow-Up:		Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up:		10% off Retail Price	N/A
Frames:			\$74
Any available frame at provider location		\$0 Copay; \$130 Allowance, 20% off balance over \$130	
Standard Plastic Lenses			
Single Vision		\$25 Copay	\$42
Bifocal		\$25 Copay	\$78
Trifocal		\$25 Copay	\$130
Standard Progressive Lens**		\$25 Copay	\$140
Premium Progressive Lens**		\$25, 50% of Charge less \$120 Allowance	\$140
Lens Options:			
UV Treatment		\$16	N/A
Tint (Solid and Gradient)		\$15	N/A
Standard Plastic Scratch Coating		\$15	N/A
Standard Polycarbonate - Adults		\$40	N/A
Standard Polycarbonate - Kids under 19		\$0 Copay	\$26
Standard Anti-Reflective Coating		\$45	N/A
Polarized		20% off Retail Price	N/A
Other Add-Ons		20% off Retail Price	N/A
Contact Lenses			
(Contact lens allowance includes materials only)			
Conventional		\$0 Copay; \$130 allowance, 15% off balance over \$130	\$104
Disposable		\$0 Copay; \$130 allowance, plus balance over \$130	\$104
Medically Necessary		\$0 Copay; Full-in-Full	\$200
Laser Vision Correction			
Laser or PRK from U.S. Laser Network		15% off Retail Price or 5% off promotional price	N/A
Additional Pair Benefits:		Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Exclusions:			
Emergency		Once every 12 months	
Lenses or Contact Lenses		Once every 12 months	
Frames		Once every 24 months	
Monthly Rate		\$5.99	
Subscriber		\$15.27	
Subscriber + Family			

All plans are based on a 48-month contract term and 44-month rate guarantee

\*\* Standard Progressive Lens covered - lens Premium Progressive as a Standard

**Additional Disclosures:**  
 Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers.  
 Members also receive 15% off retail price or 5% off promotional price for Laser or PRK from the U.S. Laser Network, owned and operated by LCA Vision.  
 Alternative purchase, replacement contact lenses may be obtained via the internet at substantially savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).  
 The contact lens benefit allowance is not applicable to this service.  
 Member discounts provide no remaining balance for future use within the same benefit frequency.  
 Contact lenses are covered for up to 12 months for contact lenses and up to 24 months for frames.  
 Rates are valid only when the contact lens or the rate amount above when per offered by the group.  
 Rates are valid for groups domiciled in the State of MA.  
 Fees quoted will be valid until the 1/1/2012 plan implementation date. Date quoted: 7/22/2011.  
 Rates assume 100% employee contribution for employee and dependents.  
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York.  
 Fidelity Security Life Policy number: VC-19VVC-20, form number: M-9093.

**Plan Exclusions:**  
 1) Orthoptic or Vision Training, subnormal Vision aids and any associated supplemental testing; Anisotropic lenses; 2) Medical and/or surgical treatment of the eye, eyes or surrounding structures;  
 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment, Safety eyewear  
 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;  
 5) Plans (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;  
 8) Services or materials provided by any other group benefit plan providing vision care.  
 9) Services or materials provided by any other group benefit plan providing vision care, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order.  
 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the most Beneficial Frequency when Vision Materials would most become available.

If Bentley University has chosen this benefit design, attach this document to the group application and sign here:

*[Signature]*  
 Date: 11/2/11