



Group Vision Service
6700 Alexander Bell Drive Suite 200
Columbia, MD 21046
240-453-2000

Insured Plans Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO
Administered by Forrest T. Jones & Company, Inc.
Vision Network powered by EyeMed Vision Care, LLC
Hearing Network powered by EPIC Hearing Healthcare

*Includes a
Hearing Exam and Hearing
Aid allowance by*



***Online network
options:***

***Frames available
through glasses.com***

***Contacts available
through
contactsdirect.com***

***Member Discount
Program through Benefit
Hub***



Warehouse Employees Union
No. 730 Health and Welfare
Trust Fund



Application for Renewal of Vision Care Benefits

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

We at GVS are very pleased to provide **Warehouse Employees Union No. 730 Health and Welfare Trust Fund** and its members with vision and hearing benefits. We appreciate your business and look forward to a long-term relationship. Your signature indicates acceptance of the group renewal, rates and rate guarantee. Please return this renewal form to GVS by 12/1/22 via email to Craig Allebach at callebach@gvsmd.com.

Renewal Date: 1/1/23

Group I.D.: 12030 - 1

Current Premiums:

Composite PEPM	\$5.90
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Renewal Premiums:

Vision Composite Fully Insured PEPM	\$5.90
Hearing Composite ASO PEPM Admin Fee	\$.29

Rate Guarantee:

36 months

Contribution: Employer Paid

Commission: Net

Enrollment per tier:

E: 163 F: 167

Family Size: 2.08

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VC-83/VC-87 HC-100/HC-101

This plan provides coverage for a vision examination, eyeglass lenses or contact lenses or frames and a hearing exam with allowances for hearing aids. Vision benefits are available from an extensive national network of participating providers powered by EyeMed Vision Care. You can easily find a conveniently located provider near you. You have a choice of independent optometrists and ophthalmologists, as well as retail locations such as Lens Crafters, Sears Optical, Target Optical and JC Penney Optical and most Pearle Vision Centers. Members will receive additional savings from Network Providers for lens upgrades and additional pair purchases.

NETWORK PROVIDERS - By using a network provider, you minimize your out-of-pocket costs and receive the benefit of our paperless claims processing. Network Providers verify your eligibility and obtain all the necessary information to validate your level of coverage. You simply pay your copayment and any remaining balance for non-covered services or materials at the time of your appointment. In addition, Network Providers offer you discount pricing which is significantly below retail. You receive substantial savings of 15%-40% or more on most additional pair purchases, conventional contact lenses, lens treatments, specialized lenses and various accessory items. **Out of Network Benefits**** - If you choose to go to a non-network provider, you must pay the provider his or her full charges at the time of service. Members will be responsible for submitting a claim for reimbursement for the amount indicated in the member reimbursement schedule.

In-Network Benefit Schedule		Member Co-pay	Out-of-Network Benefit Schedule **	
Vision Examination – includes dilation as indicated	Once Every 12 Months*	\$ 0.00	Vision Examination	Up to \$32.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic w/Standard Scratch Resistance and Polycarbonate Lenses for Dependent Children under 19	Once Every 12 Months*	\$ 0.00	Lenses • Single Vision • Bifocal • Trifocal • Standard Scratch • Polys Child	Up to \$30.00 Up to \$45.00 Up to \$75.00 Up to \$12.00 UP to \$32.00
Frame – covered in full up to a \$ 130.00 retail value . Members receive 20% off balance for selection costing more than the plan allowance Frames available through glasses.com	Once Every 12 Months*	N/A	Frame	Up to \$57.00
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up) • Elective – Disposable or Conventional, covered in full up to \$ 130.00 Allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. • In Network allowance available through contactsdirect.com • Medically Necessary – Covered in full up to \$ 250.00	Once Every 12 Months*	N/A	Elective Contact Lenses (in lieu of spectacle lenses) Medically Necessary Contact Lenses	Up to \$105.00 Up to \$200.00
Hearing Aid (per ear) – A hearing device indemnity benefit of \$2500 . Adults 18+ Children age 0-17	Once Every 60 Months Once Every 24 Months	N/A	Hearing Aid	Up to \$2500.00

Vision * Benefits are available 12 months from last date of service *In-network services and materials may be subject to a copayment at the time of service. ****Out-of-Network amounts are maximum reimbursable amounts paid to members after the claim is filed. Co-pay does not apply to OON reimbursements.**

Additional Savings Program				Monthly Premium – Fully Insured Vision ASO Hearing	
Lens Options	Member Pricing	Other Options/Services	Member Pricing	Employer Paid Rate Guarantee 36 Months	
Tint (solid & gradient)	\$15.00	Other Lens Add-Ons and Services	20% off Retail	Composite PEPM Fully Insured Vision	\$5.90
UV Coating	\$15.00	Complete Pair Purchases ***	40% off Retail		
Standard Scratch Resistance*	Covered	Conventional Contact Lenses	15% off Retail	Hearing Aids ASO PEPM Admin Fee	\$.29
Standard Polycarbonate Adult	\$40.00	Std Contact Lens Fitting & Follow-up	\$40.00		
Standard Polycarbonate Children*	Covered	Premium Contact Lens Fitting & follow Up	10% discount		
Standard Anti-Reflective	\$45.00	EPIC Hearing Aid Savings Program (Routine hearing air conduction test included through EPIC providers)	Fixed Fee Schedule	*Covered by plan benefit. ** Standard/Premium Progressive lenses are not covered benefits – however when upgrading in conjunction with your funded benefit the bifocal lens amount will be applied. Members are responsible for the lens copayment and any additional charges. (Bifocal co-pay + \$65 + 80% of retail less \$120). *** Discount applies on complete pair purchase once funded benefit is used.	
Standard Progressive Lens**	\$65.00	Retinal Imaging	\$39.00		
Photo chromatic Lenses	20% off Retail	Premium Progressive Lenses**	20% off Retail		



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PROVIDE CURRENT GROUP INFORMATION, AS REFLECTED IN THE COMPANY'S RECORDS

Group Name: _____
DBA, if applicable: _____
Business Address: _____
Primary Contact: _____
Phone Number: _____

YOU DO NOT NEED TO COMPLETE ALL SECTIONS BELOW. PLEASE CHECK AND COMPLETE SECTIONS ONLY IF CHANGES ARE REQUESTED IN THE AREA(S) IDENTIFIED.

YOU MUST ALSO SIGN AND DATE THE REVERSE SIDE WHERE INDICATED

☐ **NAME CHANGE (Same Tax ID Number):** _____

New Group Name: _____
DBA, if applicable: _____

☐ **CHANGE IN PRIMARY BUSINESS ADDRESS**

New Street Address: _____
P.O. Box: _____
City: _____ State: _____ Zip Code: _____

☐ **CHANGE TO COVERAGE FOR DOMESTIC PARTNERS***

- A. Are Domestic Partners to be covered under this Plan? ☐ Yes ☐ No
B. Same Sex*? ☐ Yes ☐ No Opposite Sex*? ☐ Yes ☐ No

** Except as required by state law.*

☐ **CHANGE TO DEPENDENT AGE COVERAGE**

Dependent Children to be covered to Age** ☐ 19 ☐ 21 ☐ 25 ☐ 26*** ☐ Other _____
Dependent Children to be covered if Full-Time Student** ☐ Yes ☐ No
If "Yes", Dependent Full-Time Student Covered to** ☐ 21 ☐ 25 ☐ 27 ☐ Other _____

***Unless state law has different requirements for Dependent Child status.*

**** Regardless of financial dependency, residency, student status, or marital status.*

☐ **NEW RATES, BENEFITS, NETWORK OR PLANS**

- | | |
|--|--|
| ☐ A. New Rates | <u>Please refer to the attached proposal page.</u> |
| ☐ B. New Benefits | <u>Please refer to the attached proposal page.</u> |
| ☐ C. New Network | <u>Please refer to the attached proposal page.</u> |
| ☐ D. New Plan | <u>Please refer to the attached proposal page.</u> |

☐ **CHANGE IN GROUP SIZE - FLORIDA POLICYHOLDERS ONLY**

Original Number of full-time Employees: _____

New Number of full-time Employees: _____

The Group hereby makes application to Fidelity Security Life Insurance Company for renewal of the 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 of the information shown on the Application for renewal of Vision Care Benefits 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 it can renew the Vision Care Benefits insurance. 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 be 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.

I hereby represent that I have reviewed the fraud warning notice (if applicable) on reverse side of this Application for the Group's state of domicile.

Renewal date: _____

*Authorized
Signature

_____ Date Signed _____

**Signature indicates acknowledgement of plan design, rates and effective dates for sold case implementation. The current guaranteed premium rate is subject to modification based upon any change in benefits, policyholder contributions; number of eligible employees, family size, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Insurer's risk in underwriting this coverage.*

FRAUD WARNING NOTICE

For residents of all states (except the following:)	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.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
Arkansas, Louisiana Rhode Island West Virginia	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.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine Tennessee Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	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 materially false or deceptive statement is guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 civil fines and criminal penalties.
North Carolina	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon Texas Vermont	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 may be guilty of insurance fraud.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Virginia	Any person who, with the 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 may have violated state law.