

Vision Plan Summary



Kansas City Life
Insurance Company



VSP® Vision
Care

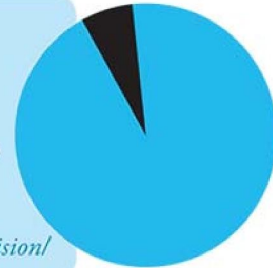
Vision is so important in everything we do, but many Americans have to seek out vision care on their own. When they don't get that care or can't afford it, vision problems may result and could affect their overall health.

According to the Centers for Disease Control and Prevention, regular eye exams are an important part of finding eye diseases early and preserving your vision.

Source: www.cdc.gov/features/healthyvision/index.html

Nine out of 10 employees say that the quality of their work has been negatively impacted by problems with their vision – and, more alarming, half admit that this is a regular occurrence.

Source: www.multivu.com/players/English/7440351-transitions-optical-workplace-vision/



Better sight is within reach. With vision insurance from Kansas City Life Insurance Company, you will have benefits for eye exams, as well as coverage for your glasses and contact lenses. Your employer has selected Kansas City Life, who has partnered with VSP, a national not-for-profit vision care company.

It's easy to locate a service provider in the network. Just visit kclgroupbenefits.com and select *Vision Provider Directory*.

Monthly Rates

Employee Only: \$8.38

Employee+Spouse: \$16.64

Employee+Child/ren: \$15.71

Family: \$23.96

VISION PLAN SUMMARY FOR Evangelical Lutheran Education Association (ELEA)

All Full-time active employees working 20 hours per week year-round, who are U.S. Citizens or legal U.S. residents and are performing the duties of their occupation on their last scheduled working day immediately preceding the effective date of the plan are eligible for insurance on that effective date.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
Eye Exam	Focuses on your eyes	\$10	12 months
Materials	Frames, lenses and contacts	\$25	
Frames	<ul style="list-style-type: none"> • \$130 allowance for frames • 20% savings on the amount over your allowance 		24 months
Lenses	<ul style="list-style-type: none"> • Covered in full after Materials Copay • Single vision, lined bifocal, lined trifocal and lenticular lenses • Polycarbonate lenses for children 		12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for elective contacts • Contact lens exam (fitting and evaluation) • Necessary contact lenses 		12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses including lens enhancements, from any VSP provider within 12 months of your last exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider			
Exam - up to \$45 allowance	Single Vision Lenses - up to \$30 allowance	Lined Trifocal Lenses - up to \$65 allowance	Contacts - up to \$105 allowance
Frames - up to \$70 allowance	Lined Bifocal Lenses - up to \$50 allowance	Lenticular Lenses - up to \$100 allowance	Necessary Contacts - up to \$105 allowance

This outline is intended to be a summary of your benefits and does not include all plan provisions and limitations. Details of your benefits can be found in your certificate of coverage, provided to you at a later date. If there are any discrepancies between this outline and the group certificate, the group certificate governs. This is a brief description only and is not a contract. The Group Master Policy will determine all rights and benefits. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force or discontinued, see your agent or write to the Company. The policy is cancellable or renewable at the option of the Company. The Company has the right to increase the premium rates. Coverage is not available in all states. Policy and certificate referenced: PJ147/CJ147.



KANSAS CITY LIFE

GROUP BENEFITS

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