

Vision Insurance



Kansas City Life
Insurance Company



Davis
Vision

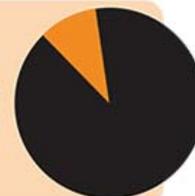
Vision is so important in everything we do, but many Americans have to seek out vision care on their own. When they don't get that care or can't afford it, vision problems may result and could affect their overall health.

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

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

9 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 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 and other preventive care, as well as coverage for your glasses and contact lenses.

Features:

- Mail-order contact lens replacement service through www.davisvisioncontacts.com
- Discounts on LASIK through Davis Vision's partner network (QualSight) may apply, though not a covered service in the contract.
- All frames purchased in network and crafted by Davis Vision labs come with a one-year breakage warranty. So, if your glasses break, simply return them to where you purchased them – we've got you covered.

Vision Network

It's easy to locate a service provider in the network. Just log on to the Open Enrollment/Discount Plan section of the member site at www.davisvision.com and enter client code 2834 or call 888-336-7606.

Vision Claims

In-network claims will automatically be sent from the provider to Davis Vision. Out-of-network claim reimbursement forms should be mailed to Kansas City Life Vision Care Processing Unit, P.O. Box 1525, Latham, NY 12110. Claims phone number is 888-336-7606.

VISION BENEFIT SUMMARY FOR Porky Joerling Trucking, Inc.

All Full-time active employees working 30 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; spouses and unmarried children up to age 26 (may vary depending on state requirements).

Frequency	
Eye Examination	Once every 12 months

Materials	
-Lenses	One complete set of spectacle lenses or contact lenses (in lieu of eyeglasses) every 12 months.
-Frames	One every 24 months

In-Network Benefits	
	Copayment*

Eye Examination	\$10
-----------------	------

Materials	
-Eyeglasses (Lenses and frames**)	\$25
-Contact Lenses*** Formulary	\$25

*Copayment does not apply to Optional In-Network items and Covered Expenses received from an Out-of-Network Provider

**Frames other than Davis Vision's Designer or Premier Collections will be paid up to a maximum of \$150. The balance, if any, is the Covered Person's responsibility. If the Covered Person chooses a frame from the Premier Collection, there is an additional Copayment.

***Contact lenses other than Formulary contact lenses will be paid up to a maximum of \$130. The balance, if any, is the Covered Person's responsibility.

Out-of-Network Benefits	
-------------------------	--

You may use the Provider of your choice for the following covered vision services. Benefits will be paid up to the Allowance shown below. The balance of the charge is your responsibility

	Allowance [#]
Eye Examination	\$40

Materials	
-Frame	\$45
-Lenses	
• Single Vision	\$40
• Bifocal	\$60
• Trifocal	\$80
• Lenticular	\$80
-Contact Lenses	\$120

[#]Unless the examination and materials are medically necessary, any charges in excess of the Allowance are your responsibility.

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.

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.

*Policy and certificate referenced:
PJ142/CJ142*

*Dedicated to excellence.
Your partner in employee benefits.*



KANSAS CITY LIFE
GROUP BENEFITS

Underwritten by:
Kansas City Life Insurance Company
3520 Broadway
Kansas City, MO 64111-2565
P.O. Box 219425
Kansas City, MO 64121-9425
Toll-free: 877-266-6767, ext. 8200
Fax: 816-531-4648
groupbenefits@kclife.com
www.kclgroupbenefits.com