



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-146
POLICYHOLDER: Savannah River Nuclear Solutions, LLC
STATE OF ISSUE: South Carolina
POLICY EFFECTIVE DATE: July 1, 2021
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

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 the current month plus six months.

Premium Rate Change. The Company has the right to change the premium rate on or after the second 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 from the premiums to be returned to the Policyholder an amount equal to the amount of such claims paid.

TERMINATION OF POLICY

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

1. any date on or after the second Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least 31 days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. the date the number of persons covered under the Policy does not meet the minimum participation requirements of 10;
4. the date the required premium has not been paid, except as provided in the Grace Period provision; or
5. 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.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

CERTIFICATE

The Company will furnish the Certificate to the Policyholder for the Insured 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 with the Policy or to amend the Policy after the Policy Effective Date are made a part of the Policy.



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Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described in 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 name, group number, and Insured's effective date. 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

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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SCHEDULE OF BENEFITSAttached (1A)

DEFINITIONS

Allowance means the benefit amount shown in the Schedule of Benefits that is the maximum amount payable by the Company, subject to the expenses incurred. The Insured Person is responsible for any amounts due above the Allowance. The Allowance cannot be used to satisfy a Copayment.

Benefit Frequency means the period of time in which a benefit is payable as shown in the Schedule of Benefits.

The Benefit Frequency begins on January 1. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Copayment or **Copay** 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 general evaluation of the complete visual system. The examination includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields, basic sensorimotor examination and Refraction. It always includes initiation of diagnostic and treatment programs. It may include biomicroscopy, examination with cycloplegia or mydriasis and tonometry, as determined by the Provider. These services may be performed at different sessions, but comprise only one Comprehensive Eye Examination.

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 of the Insured or the Insured's spouse who is under 26 years of age; or
3. each unmarried child at least 26 years of age who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap.

Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree.

Domestic Partner means a same-sex or an opposite-sex 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. The term "spouse," wherever used, will include a Domestic Partner.

Formulary means a list, provided by the Company, of Vision Materials by tier, that are covered under the Policy as shown in the Schedule of Benefits.

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 that adequate functional vision correction cannot be achieved with spectacles but can be achieved with contact lenses. Conditions that qualify for Medically Necessary Contact Lenses are:

1. Anisometropia of 3D in meridian powers;
2. High Ametropia exceeding -12D or +12D in meridian powers;
3. Keratoconus when vision is not correctable to 20/25 in either eye or both eyes using standard spectacle lenses; or
4. vision impairments, other than Keratoconus, when vision can be improved by two lines on the visual acuity chart when compared to best corrected standard spectacle lenses.

Out-of-Network Provider means a Provider, located within the PPO Service Area, but is not an In-Network Provider.

Policy means the Vision Insurance 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.

Preferred Provider Agreement means the agreement between the PPO and a Provider who agrees to become an In-Network Provider. The Preferred Provider Agreement contains the rates and reimbursement methods for services and supplies furnished by an In-Network Provider.

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

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

Refraction means a test performed by a Provider to determine the glasses or contact lens prescription due to a refractive error (for example, nearsightedness, farsightedness, astigmatism or presbyopia).

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

Vision Materials means those materials provided for visual health and welfare 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 becomes 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 becomes 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 becomes 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 a greater number of days, if elected by the Policyholder. 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 a greater number of days, if elected by the Policyholder. 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.

In-Network Provider Benefits. The Insured Person must pay any Copayment 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 on behalf of the Insured Person.

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, unless the Out-of-Network Provider allows assignment of benefits. The Company will pay the Out-of-Network benefits up to the maximum dollar amount shown in the Schedule of Benefits.

LIMITATIONS

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

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. medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures;
2. Refraction, when not provided as part of a Comprehensive Eye Examination;
3. 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;
4. orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;

5. any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment;
6. safety eyewear;
7. solutions, cleaning products or frame cases;
8. non-prescription sunglasses;
9. plano (non-prescription) lenses;
10. plano (non-prescription) contact lenses;
11. two pair of glasses in lieu of bifocals;
12. electronic vision devices;
13. 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
14. lost or broken lenses, frames, glasses, or contact lenses that are replaced before 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 Insureds' insurance will cease on the earlier of:

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 notify the Insured at least 15 days prior to the end of the grace period of the termination of coverage);
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 end of the month 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 notify the Insured at least 15 days prior to the end of the grace period of the termination of coverage).

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 one month prior to the date the Dependent child would otherwise cease to be covered.

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

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.

Continuation of Insurance for a Spouse. If the marriage is dissolved by judgment the spouse may be issued a certificate for this same coverage, without evidence of insurability and with credit on any waiting periods, upon application made to the Company within 60 days following the entry of such judgment, and upon payment of the appropriate premium. The spouse must have been covered under the Policy as a Dependent at the time of the entry of such judgment.

This continued coverage will end on the earlier of:

1. the date the required premium has not been paid, except as provided in the grace period provision of the Policy;
2. the date coverage would otherwise have ended;
3. the date that the spouse first becomes insured under any other group supplemental health plan;
4. the date the spouse remarries; or
5. the expiration of six months from the date of continuation of coverage.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company by the Policyholder on behalf of the Insured Person. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. The initial premium rates are shown in the Policyholder's application.

Premium Changes. The Company has the right to change the premium rates on any premium due date as allowed in the Policy. The Company will provide written notice to the Policyholder at least 31 days before the date of the change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

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.

Assignment. Benefits under the Policy may be assigned.

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 six 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 will 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.

SCHEDULE OF BENEFITS

Savannah River Nuclear Solutions, LLC – Option Low

<i>BENEFIT FREQUENCY</i>		
<u>Vision Examination</u>	once every calendar year	Insured Person
<u>Vision Materials</u>		
Frame	once every calendar year	Insured Person
Lenses and Lens Options	once every calendar year	Insured Person
Contact Lenses	once every calendar year	Insured Person

<i>BENEFIT</i>	<i><u>In-Network Provider</u></i>	<i><u>Out-of-Network Provider</u></i> <i>(Reimbursement up to)</i>
<u>Vision Examination</u>		
Comprehensive Eye Examination	\$15 Copayment	\$35
<u>Vision Materials</u>		
Frame	\$0 Copayment, up to \$100 Allowance	\$50
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses and Lens Options.		
Conventional	\$0 Copayment, up to \$145 Allowance	\$116
Disposable	\$0 Copayment, up to \$145 Allowance	\$116
Medically Necessary	Paid in Full	\$200
<u>Standard Plastic Lenses</u>		
Single Vision	\$0 Copayment	\$25
Bifocal	\$0 Copayment	\$40
Trifocal	\$0 Copayment	\$55
Progressive – Standard	\$0 Copayment	\$55
Progressive – Premium Tier 1	\$20 Copayment	\$55
Progressive – Premium Tier 2	\$30 Copayment	\$55
Progressive – Premium Tier 3	\$45 Copayment	\$55
Progressive – Premium Tier 4	\$0 Copayment, up to \$120 Allowance	\$55
<u>Lens Options</u>		
Scratch Coating – Standard Plastic	\$0 Copayment	\$5
Tint (Solid and Gradient) – Standard	\$0 Copayment	\$5

SCHEDULE OF BENEFITS

Savannah River Nuclear Solutions, LLC – Option High

<i>BENEFIT FREQUENCY</i>		
<u>Vision Examination</u>	once every calendar year	Insured Person
<u>Vision Materials</u>		
Frame	once every calendar year	Insured Person
Lenses and Lens Options	once every calendar year	Insured Person
Contact Lenses	once every calendar year	Insured Person

<i>BENEFIT</i>	<i><u>In-Network Provider</u></i>	<i><u>Out-of-Network Provider</u></i> <i>(Reimbursement up to)</i>
<u>Vision Examination</u>		
Comprehensive Eye Examination	\$10 Copayment	\$35
<u>Vision Materials</u>		
Frame	\$0 Copayment, up to \$160 Allowance	\$50
Contact Lenses Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses and Lens Options.		
Conventional	\$0 Copayment, up to \$160 Allowance	\$116
Disposable	\$0 Copayment, up to \$160 Allowance	\$116
Medically Necessary	Paid in Full	\$200
<u>Standard Plastic Lenses</u>		
Single Vision	\$0 Copayment	\$25
Bifocal	\$0 Copayment	\$40
Trifocal	\$0 Copayment	\$55
Progressive – Standard	\$0 Copayment	\$55
Progressive – Premium Tier 1	\$20 Copayment	\$55
Progressive – Premium Tier 2	\$30 Copayment	\$55
Progressive – Premium Tier 3	\$45 Copayment	\$55
Progressive – Premium Tier 4	\$0 Copayment, up to \$120 Allowance	\$55
<u>Lens Options</u>		
Polycarbonate Lenses – Standard	\$0 Copayment	\$5
Scratch Coating – Standard Plastic	\$0 Copayment	\$5
Tint (Solid and Gradient) – Standard	\$0 Copayment	\$5
UV Treatment	\$0 Copayment	\$5



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AMENDMENT RIDER

By attachment of this Rider, the third paragraph of the **PREMIUMS** section in the Policy is amended to add the following:

5. if a government action, including fees, taxes and assessments, or change in law or regulation materially affects the Company's risk, premium may be adjusted and will be effective upon written notification from the Company at least 31 days before the date of change.

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

FIDELITY SECURITY LIFE INSURANCE COMPANY

 

President

Secretary



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Summary of the South Carolina Life and Accident and Health Insurance Guaranty Association Act and Notice Concerning Coverage Limitations and Exclusions

Residents of South Carolina who hold life insurance, annuities or health insurance policies should know that the insurance companies and health maintenance organizations (HMOs) licensed in this state to write these types of insurance are required by law to be members of the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA). The purpose of SCLAHIGA is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this happens, SCLAHIGA will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through SCLAHIGA is limited. Consumers should shop around for insurance coverage and exercise care and diligence when selecting insurance coverage.

DISCLAIMER

Under South Carolina law, the South Carolina Life and Accident and Health Insurance Guaranty Association (SCLAHIGA) may provide coverage of certain direct life insurance policies, accident and health insurance policies, annuity contracts and contracts supplemental to life, accident and health insurance policies and annuity contract claims (covered claims) if the insurer becomes impaired or insolvent. South Carolina law does not require the SCLAHIGA to provide coverage for every policy. **COVERGE MAY NOT BE AVAILABLE FOR YOUR POLICY.**

Coverage is generally conditioned upon residence in this state. Other conditions that may preclude or exclude coverage are described in this notice. Even if coverage is provided, there are significant limits and exclusions. Please read the entire notice for further details on limitations and exclusions.

Insurance companies and insurance agents are prohibited by law from using the existence of the SCLAHIGA or its coverage to sell you an insurance policy. You should not rely on the availability of coverage under SCLAHIGA when selecting an insurer. The South Carolina Life and Accident and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

If you think the law has been violated, you may file a written complaint with the SCLAHIGA or the South Carolina Department of Insurance at the addresses listed below:

<p>South Carolina Life and Accident and Health Insurance Guaranty Association Attention: Executive Director P.O. Box 8625 Columbia, SC 29202</p>	<p>South Carolina Department of Insurance Attention: Office of Consumer Services 1201 Main Street, Suite 1000 Columbia, SC 29201 Electronic compliant submission via www.doi.sc.gov/complaint</p>
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Please attach copies of all pertinent documentation. You may submit a written complaint or a complaint electronically to the Department through submission of the electronic form on the Department's website at www.doi.sc.gov/complaint. You should receive a response to your complaint within 10 days.

This safety-net coverage is provided for in the South Carolina Life and Accident and Health Insurance Guaranty Association Act (the Act). The following summary of the Act's coverages, exclusions and limits does not cover all the provisions of the Act; nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the SCLAHIGA.

COVERAGE

Generally, individuals will be protected by the SCLAHIGA if they live in this state and hold a covered life, accident, health or annuity policy, plan or contract issued by an insurer (including a health maintenance organization) authorized to conduct business in South Carolina. The beneficiaries, payees or assignees of insured persons may also be protected if they live in another state unless circumstances described under the Act exclude coverage.

EXCLUSIONS FROM COVERAGE

Persons who hold a covered life, accident, health or annuity policy, plan or contract are not protected by SCLAHIGA if:

- They are eligible for protection under the laws of another state (This may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state; or
- They acquired rights to receive payments through a structured settlement factoring agreement.

SCLAHIGA also does not provide coverage for:

- A portion of a policy or contract or part thereof not guaranteed by the member insurer, or under which the risk is borne by the policy or contract owner;
- A policy or contract of reinsurance, unless assumption certificates have been issued;
- Interest rate or crediting rate yields or similar factors employed in calculating value changes that exceed an average rate;
- Any policy or contract issued by assessment mutuals, fraternal, and nonprofit hospital and medical service plans;
- Benefits payable by an employer, association or other person under: (a) a multiple employer welfare arrangement; (b) a minimum premium group insurance plan; (c) a stop-loss group insurance plan; or (d) an administrative service contract;
- A portion of a policy or contract to the extent that it provides for (a) dividends or experience rating credits; (b) voting rights or (c) payment of any fees or allowances to any person, including the policy or contract owner, in connection with the service to or administration of the policy or contract;
- A portion of a policy or contract to the extent that the assessments required by Section 38-29-80 with respect to the policy or contract are preempted by federal or state law;
- An obligation that does not arise under the express written terms of policy or contract issued by the member insurer to the enrollee, certificate holder, contract owner or policy owner, including without limitation: (a) Claims based on marketing materials; (b) Claims based on side letters, riders or other documents that were issued by the member insurer without meeting applicable policy or contract form filing or approved requirements; (c) Misrepresentations of or regarding policy or contract benefits; (d) Extra-contractual claims; or (e) A claim for penalties or consequential or incidental damages;
- An unallocated annuity contract;
- A policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C or D or Medicaid; or
- Interest or other changes in value to be determined by the use of an index or other external references but which have not been credited to the policy or contract or as to which the policy or contract owner's rights are subject to forfeiture, as of the date the member insurer becomes impaired or insolvent insurer, whichever is earlier.

LIMITS ON AMOUNT OF COVERAGE

The South Carolina Life and Accident and Health Insurance Guaranty Association Act also limits the amount that SCLAHIGA is obligated to pay for covered claims. The benefits for which SCLAHIGA may become liable shall in no event exceed the lesser of the following:

- With respect to one life, regardless of the number of policies or contracts: \$300,000 in life insurance death benefits, or not more than \$300,000 in net cash surrender and net cash withdrawal values for life insurance;
- For health insurance benefits: (a) \$300,000 for coverages not defined as disability income insurance or health benefit plans or long-term care insurance, including any net cash surrender and net cash withdrawal values; (b) \$300,000 for disability income insurance, (c) \$300,000 for long-term care insurance; (d) \$500,000 for health benefit plans; or
- \$300,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values.

FACTS

WHAT DOES Fidelity Security Life Insurance Company, Fidelity Security Life Insurance Company of New York (NY Only) 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.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security number and transaction history ■ medical information and insurance claim information ■ assets and checking account information <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
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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.
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Reasons we can share your personal information	Does Fidelity Security Life share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call 800-648-8624 or go to www.fslins.com or www.ftj.com
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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 and 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"> ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ show your driver's license <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"> ■ sharing for affiliates' everyday business purposes – information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you <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"> ■ <i>Our affiliates include Fidelity Security Life Insurance Company of New York, Forrest T. Jones & Company, Inc., Forrest T. Jones Consulting Company and National Pension & Group Consultants, Inc.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i>
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"> ■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i>
Other important information	



**FIDELITY SECURITY LIFE
INSURANCE COMPANY®**

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

AMENDMENT TO THE APPLICATION FOR VISION CARE BENEFITS

CURRENT GROUP INFORMATION (AS REFLECTED IN THE COMPANY'S RECORDS):

Group Name: Savannah River Nuclear Solutions, LLC
Policy Number: VC-146

Effective January 1, 2023, the Application for Vision Care Benefits is amended as noted below.

1. The Policy is renewed effective January 1, 2023, with a new 48-month contract term and rate guarantee beginning on January 1, 2023.
2. The benefits and rates have been updated as noted in the attached Proposal Page.

FIDELITY SECURITY LIFE INSURANCE COMPANY

 

President

Secretary



Savannah River Nuclear Solutions, LLC

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$15 copay	Up to \$35
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$50
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$145 allowance	Up to \$116
Contacts - Disposable	\$0 copay; 100% of balance over \$145 allowance	Up to \$116
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$55
Progressive - Standard	\$0 copay	Up to \$55
Progressive - Premium Tier 1	\$20 copay	Up to \$55
Progressive - Premium Tier 2	\$30 copay	Up to \$55
Progressive - Premium Tier 3	\$45 copay	Up to \$55
Progressive - Premium Tier 4	\$0 copay, 20% off retail price less \$120 allowance	Up to \$55
LENS OPTIONS		
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company
 Option 1a - Low
 Exam & Materials
 Insight Network
 Fully Insured
 Employee Paid
 Funded Benefits

Frequency

Examination
Once every calendar year
Lenses (in lieu of contacts)
Once every calendar year
Contacts (in lieu of lenses)
Once every calendar year
Frame
Once every calendar year

Terms

Contract Term
48 months

Rate Guarantee
48 months

MONTHLY RATES

Subscriber	\$6.59
Subscriber + 1	\$13.53
Subscriber + Family	\$20.54

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

PLAN DETAILS

Quote for group situated in the State of SC and will be valid until the 01/01/2023 implementation date. Date Quoted 03/02/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; 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; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; 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 lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If Savannah River Nuclear Solutions, LLC has chosen this benefit design, attach this document to the group application and sign here

Francine F. Burroughs

Digitally signed by Francine F. Burroughs
Date: 2022.10.19 10:50:16 -04'00'

Signature
P201603 TC - 0

Date

Q-00037360 – QL-0000063076



Savannah River Nuclear Solutions, LLC

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
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EXAM SERVICES

Exam	\$10 copay	Up to \$35
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FRAME

Frame	\$0 copay; 20% off balance over \$160 allowance	Up to \$50
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CONTACT LENSES

(Contact Lens allowance includes materials only)

Contacts - Conventional	\$0 copay; 15% off balance over \$160 allowance	Up to \$116
Contacts - Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$116
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$200

STANDARD PLASTIC LENSES

Single Vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$55
Progressive - Standard	\$0 copay	Up to \$55
Progressive - Premium Tier 1	\$20 copay	Up to \$55
Progressive - Premium Tier 2	\$30 copay	Up to \$55
Progressive - Premium Tier 3	\$45 copay	Up to \$55
Progressive - Premium Tier 4	\$0 copay, 20% off retail price less \$120 allowance	Up to \$55

LENS OPTIONS

Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5

Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option 1a - High
- Exam & Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

Frequency

Examination

Once every calendar year

Lenses (in lieu of contacts)

Once every calendar year

Contacts (in lieu of lenses)

Once every calendar year

Frame

Once every calendar year

Terms

Contract Term

48 months

Rate Guarantee

48 months

MONTHLY RATES

Subscriber	\$9.57
Subscriber + 1	\$19.64
Subscriber + Family	\$29.81

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633.

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Francine F. Burroughs

Digitally signed by Francine F. Burroughs
Date: 2022.10.19 10:50:50 -04'00'

Signature
P201603 TC - 0

Date

Q-00037360 – QL-0000063077

Application for Vision Care Benefits
Underwritten by Fidelity Security Life Insurance Company
Kansas City, Missouri 64111



I. GROUP INFORMATION

Group Name: Savannah River Nuclear Solutions, LLC Tax ID#: 28-0240191
DBA Name (If other than above): _____
Business Physical Address: Building 730 1B Aiken SC 29808
(Street Address) (City) (State) (Zip)
Mailing Address: _____
(Street Address) (City) (State) (Zip)
Day-to-Day Contact Name: Cary Holbert Title: Plan Administrator
Phone Number: (803) 447-1710 E-Mail Address: Cary.Holbert@srs.gov
Type of Business: Proprietorship Corporation Other (Specify): _____

PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:

MEWA PEO Trust Union VEBA Casino/Indian Tribe
Service Area: National (U.S.– does not include Puerto Rico) State Specific*
 National (U.S.– does include Puerto Rico)
**If any subsidiary or affiliated companies are to be insured or any Employees/Members are working or residing in a state other than the business address above, please list those states: SRR removed effective 5/1/2021; BSRA added effective 7/1/2021*

GROUP DISPLAY NAME (Your Group Name as it should appear to your Employees/Members)

Company Name: Savannah River Nuclear Solutions, LLC
(Maximum of 40 characters, including capitalization, punctuation and spacing.)

II. GROUP BILLING

Billing Physical Address: Building 730 1B Aiken SC 29808
(Street Address) (City) (State) (Zip)
Primary Contact Name: Brittany Baer Title: Billing
Phone Number: (803) 9526247 E-Mail Address: Brittany.Baer@srs.gov
Do you have any additional subsidiaries, affiliated companies, or divisions that use another name and will be covered by this plan AND require separate billing invoices? Yes No If Yes, please attach and send a separate page signed by you with the following information: Name, Address, Billing Contact Name and Phone Number

III. PREMIUMS*

Please indicate the percentage of premium contributed by the Group and the Employee/Member for both the Employee/Member and Dependents; the total for each row must equal 100%.

	Group Contribution	Employee/Member Contribution
Employee/Members:	<u>0 %</u>	<u>100 %</u>
Dependents:	<u>0 %</u>	<u>100 %</u>

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 Eligible Employees/Members: _____

Will this plan replace any existing vision coverage? Yes No

If "Yes," name of existing insurer: _____

Eligible Class(es) of Employees/Members (please check all that apply):

Active employees Retiree / Leave of Absence

COBRA-eligible employees Other: _____

Are the following covered under the plan:

Domestic Partners:* Yes No **If Yes, Same Sex:** Yes No **Opposite Sex:** Yes No

Dependent Children Covered to Age*: 19 23 26** Other _____

Dependent Children who are full-time students covered to age*: 23 25 26 27 Other _____

Dependent Child Age Termination based on:

Day Age is attained End of Month Age is attained End of Year Age is attained

**Unless state law has different requirements.*

***Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

MEMBERSHIP INFORMATION

Who will send enrollment for Active Employees/Members? Group Group's TPA

If TPA, TPA Name: _____

Group/TPA Contact Name: _____

Phone Number: (____) _____ E-Mail Address: _____

Membership will be an electronic membership file? Yes No

Who will send enrollment for COBRA Employees/Members? Group Group's TPA

If TPA, TPA Name: _____

Group/TPA Contact Name: _____

Phone Number: (____) _____ E-Mail Address: _____

Membership will be an electronic membership file? Yes No

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. PLAN SELECTION

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

VI. EFFECTIVE DATE

This Policy will become effective at 12:01 a.m. Local Time at the Group's address herein, on
7/1/2021, provided all the following has been completed prior to this effective date:
MM/DD/YYYY

- 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, in an agreed upon format. 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 pay premiums monthly.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting the Company or EyeMed by mail, email, or telephone.

The Group represents that all information shown on this application and any attachments is 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 if 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.

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: Aiken sc this 18 day of May, 2021
(City) (State) (Day) (Month) (Year)

Signed for the Group: ▶ *cary holbert* Title: Plan Administrator

Printed Name: cary holbert

**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 represent that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): Willis Towers Watson US LLC Tax ID No.: #53-0181291
Mailing Address: 150 N. College Street, Ste 3050 Charlotte NC 28202
(Street Address) (City) (State) (Zip)
Day-to-Day Contact Name: Sharon Cunningham-Thompson Title: Senior Director
Day-to-Day Contact Phone Number: (704) 620-6510 Day-to-Day Contact E-Mail Address: sharon.cunningham-thompson@willistowerswatson.com
Commission checks payable to: Firm Broker
Broker Name (print): Sharon Cunningham-Thompson SS#: _____
Broker Phone Number: (704) 620-6510 Broker E-mail Address: sharon.cunningham-thompson@willistowerswatson.com
Broker Signature: ▶ Sharon Cunningham-Thompson

WRITING GENERAL AGENT'S CERTIFYING STATEMENT

I represent that I have accurately recorded on this application the information supplied by the applicant, if such information has been provided directly to me for recording purposes, and I am properly licensed in the state in which the Group is domiciled.

Firm Name (print): N/A Tax ID No.: _____
Mailing Address: _____
(Street Address) (City) (State) (Zip)
Day-to-Day Contact Name: _____ Title: _____
Day-to-Day Contact Phone Number: () Day-to-Day Contact E-Mail Address: _____
Commission checks payable to: Firm General Agent
General Agent Name (print): _____ SS#: _____
General Agent Phone Number: () General Agent E-mail Address: _____
General Agent Signature: ▶



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$15 Copay	\$35
Retinal Imaging Benefit	Up to \$39	N/A
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:		
Any available frame at provider location	\$0 Copay; \$100 Allowance, 20% off balance over \$100	\$50
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Standard Progressive Lens	\$0 Copay	\$55
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$55
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$0 Copay	\$5
Standard Plastic Scratch Coating	\$0 Copay	\$5
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$145 allowance, 15% off balance over \$145	\$116
Disposable	\$0 Copay; \$145 allowance, plus balance over \$145	\$116
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	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
Frequency:		
Examination	Once every Calendar Year	
Lenses or Contact Lenses	Once every Calendar Year	
Frame	Once every Calendar Year	
Monthly Rate		
Subscriber	\$8.40	
Subscriber + 1	\$15.84	
Subscriber + Family	\$23.32	

All plans are based on a 18-month contract term and 18-month rate guarantee.
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

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. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service.

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

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of SC.

Fees quoted will be valid until the 7/1/2021 plan implementation date. Date quoted: 4/19/2017.

Rates assume Employer contribution of 20% or less for employees and dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

Plan Exclusions:

- 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 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) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) 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; 9) Services or materials provided by any other group benefit plan providing vision care;
- 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.

If SRNS has chosen this benefit design with the attached supplement, sign here:

Signature *Cary Holbert*

Date 6/7/2021

Date

TCO

SRNS
Supplement
Option 1 - Low Option

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$0 copay
Premium Progressives as Follows:	
Tier 1	\$20 Copay
Tier 2	\$30 Copay
Tier 3	\$45 Copay
Tier 4	\$0 copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In-Network
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic (Plastic)	\$75
Polarized	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$35
Retinal Imaging Benefit	Up to \$39	N/A
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:		
Any available frame at provider location	\$0 Copay; \$160 Allowance, 20% off balance over \$160	\$50
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Standard Progressive Lens	\$0 Copay	\$55
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$55
Lens Options:		
UV Treatment	\$0 Copay	\$5
Tint (Solid and Gradient)	\$0 Copay	\$5
Standard Plastic Scratch Coating	\$0 Copay	\$5
Standard Polycarbonate - Adults	\$0 Copay	\$5
Standard Polycarbonate - Kids under 19	\$0 Copay	\$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$160 allowance, 15% off balance over \$160	\$116
Disposable	\$0 Copay; \$160 allowance, plus balance over \$160	\$116
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	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
Frequency:		
Examination	Once every Calendar Year	
Lenses or Contact Lenses	Once every Calendar Year	
Frame	Once every Calendar Year	
Monthly Rate		
Subscriber	\$14.16	
Subscriber + 1	\$26.64	
Subscriber + Family	\$39.24	

All plans are based on a 18-month contract term and 18-month rate guarantee.
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate

Additional Discounts:

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. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.

The contact lens benefit allowance is not applicable to this service.

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

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- 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.

If SRNS has chosen this benefit design with the attached supplement, sign here:

Signature *Cary Holbert*

Date 06/7/2021

Date

TCO

SRNS
Supplement
Option 1 - High Option

Progressive Price List*	Member Cost In-Network (Includes Lens Copay)
Standard Progressive	\$0 copay
Premium Progressives as Follows:	
Tier 1	\$20 Copay
Tier 2	\$30 Copay
Tier 3	\$45 Copay
Tier 4	\$0 copay, 80% of charge less \$120 Allowance
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<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>