



ADVANTICASM

See. Smile. Live.

Vision Benefits Enrollment Information

Select Plus 150 Plan

Senior Health Properties
South



WHO IS ADVANTICA?

At Advantica our eyes are on your future and helping you maintain good dental and vision health. We provide comprehensive dental and eye care plans for employer groups and managed care companies of all sizes. Our national provider networks consist of 16,000 retail and independent vision care locations and more than 108,000 dental practices. Advantica provides vision and dental services to more than 3.5 million lives across the nation.



95% in Member Satisfaction



98% in audit reviews by Major Health Plans

Advantica - Focused on Our Clients

Advantica provides dental and vision care plans. This focus has helped us achieve high marks with our clients, consistently ranking above 95% on member satisfaction and above 98% on several benchmarks in audit reviews by major health plans.

As your dental and vision care partner, we are able to carefully balance the need for greater benefits and better service while remaining sensitive to your specific cost considerations. As a result, Advantica has become one of the largest regional ancillary benefits companies in the U.S. with more than 3.5 million satisfied customers, and growing.

In addition to providing superior consumer-driven dental and vision plans, Advantica provides 24/7 access to eligibility status via our website and our toll-free number. In fact, we promise 100% satisfaction in everything we do.

THE NEED FOR VISION CARE IS PLAIN TO SEE.

Diabetic retinopathy is the most common diabetic eye disease and leading cause of blindness in American adults. It is caused by changes in the blood vessels of the retina.



Diabetic Retinopathy



Normal Vision



Glaucoma

Glaucoma leads to blindness by damaging the optic nerve. Elevated pressure in the eye is a risk factor, but even people with normal pressure can lose vision to glaucoma.

- More than one million Americans, age 40 and over, are blind from eye disease.
- Approximately 50,000 people will lose their sight this year due to eye related diseases.
- 50% of eye related diseases can be prevented with annual eye exams.

- Routine eye exams detect cataracts, glaucoma, macular degeneration and retinal detachment.
- Serious health problems such as diabetes, hypertension and other health conditions may be detected in an eye exam.
- **Of the 75 million people who work on computers each day, 70% of them have some type of eye or vision related problem.**

See. Smile. Live.

SELECT PLUS 150 PLAN

COVERAGE	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT*	BENEFIT FREQUENCY
Comprehensive Eye Examination with dilation	\$10 copay	Reimbursed up to \$40 (less applicable copay)	Once every 12 months
Eyeglass Lenses (standard plastic)	\$25 copay includes: - Single - Bifocal - Trifocal - Lenticular Polycarbonate lenses covered-in-full for members age 19 and younger; \$30 copay over the age of 19. Additional \$50 copay Standard Progressive Lenses. Additional \$60 copay Photochromic Lenses.	Reimbursed (less applicable copay): - Single up to \$20 - Bifocal up to \$40 - Trifocal up to \$60 - Lenticular up to \$100 No out-of-network reimbursement available for polycarbonate lenses. No out-of-network reimbursement available for standard progressive lenses. No out-of-network reimbursement available for photochromic lenses.	Once every 12 months
Eyeglass Frames	\$25 copay (no copay if included with Eyeglass Lenses); paid in full on Special Frame Selection; outside of the Selection, \$150 allowance outside of the selection (less applicable copay).	Reimbursed up to \$60 (no copay if included with eyeglass lenses).	Once every 24 months
Contact Lens Examination	\$40 allowance	No reimbursement available.	Once every 12 months
Contact Lenses (in lieu of Eyeglasses)** Conventional / Disposable	\$150 allowance (less applicable copay)	Reimbursed up to \$80 (less applicable copay)	Once every 12 months
Contact Lenses (in lieu of Eyeglasses)** Medically necessary***	\$250 allowance (less applicable copay)	\$250 allowance (less applicable copay)	Once every 12 months
Laser Vision Correction (LASIK)	Discount pricing	No reimbursement available.	

* Submit Member Out-Of-Network Reimbursement Form and copy of paid receipt to Advantica.

** This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

*** Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica.

Plan is qualified under IRS Section 125.
AEC.SB PDM SP150 07/03

NATIONAL NETWORK OF INDEPENDENT & RETAIL PROVIDERS.

Advantica's national network is comprised of both independent and national retail optical locations. Please visit our website at www.advanticaeyecare.com to view our entire network, or contact our Service Center at (866) 425-2323.

When scheduling an appointment, please be sure to inform the provider that you are an Advantica member.

FOR EYES

WAL*MART

Visionworks
Why Pay More?

PEARLE VISION

JCPenneyoptical

SEARS
Optical

OPTICAL

(866) 425-2323

ADDITIONAL BENEFITS.

Transitions®

Healthy sight in every light™



Give them the 'Doctor's Choice' for healthy sight.

Photochromic lenses, like Transitions, are clear indoors and darken outdoors in proportion to the intensity of UV rays.

The best photochromic technologies offer:

- Optimal darkness for every outdoor light condition.
- Enhanced contrast to optimize vision.
- Protection from glare (bright light) to reduce eyestrain and fatigue.
- UV blockage to help prevent age-related eye disease.
- Availability in impact-resistant lens material.
- Availability with anti-reflective coatings.
- Availability in progressive lens design.

Advantica covers photochromic lenses with a copay.

QualSight®
LASIK

LASIK benefits through Advantica.

As a member of Advantica, you can now take advantage of QualSight's savings on Laser vision correction. QualSight has over 800 locations nationwide and features a network of ophthalmologists specializing in LASIK surgery. QualSight surgeons are credentialed according to URAC/NCQA standards and have collectively performed over 2.5 million procedures. With QualSight, LASIK surgery is now affordable at prices that are 40% to 50% off the national average price for Traditional LASIK. Find out if you are a potential candidate for this life changing procedure today!

Call (877) 718-7661 today to take advantage of this savings! QualSight Care Managers will explain the program, answer your questions, provide a telephone screening and schedule an appointment.

FOR EYES
1.800.FOR.EYES

Mail order contact lenses from For Eyes Direct

Advantica plans include contact lenses through For Eyes. For Eyes Optical Company has been selling contact lenses for over 20 years. Now their everyday low prices and expert service are available to members of Advantica EyeCare who prefer to shop from home.

Advantica members receive a 20% discount on all daily wear, extended wear, toric and specialty contact lenses. There is a 10% discount on all disposable brand contact lenses.

Members may call, fax or email a current prescription to For Eyes for a price quote.

Telephone: (800) 393-1393 /
Fax: (800) 247-9048
www.foreyes.com /
info@foreyes.com

Not an insurance product.

CLIENTS.



Customer Service Center
3290 Pine Orchard Lane, Suite D
Ellicott City, MD 21042



Toll Free: (866) 425-2323
Telephone: (410) 418-4414
Facsimile: (410) 418-9508

Advantica Operations Center 3290 Pine Orchard Lane, Suite D Ellicott City, MD 21042	Employee Benefits VISION INSURANCE Enrollment / Change Form Please print and complete <u>all</u> sections. See instructions below.	Advantica Corporate Office Arbor Shoreline Office Park 19321-C US Highway 19 North, Suite 320 Clearwater, FL 33764			
EMPLOYER / EMPLOYEE INFORMATION					
Employer Name SENIOR HEALTH PROPERTIES SOUTH		Group Number 	Location 	Effective Date 	Date of Hire
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Employee or Subscriber) 	First Name 	M.I. 	Date of Birth* 	Social Security Number**
Home Street Address 		City / State / Zip 		Home Phone ()	Work Phone ()
FAMILY INFORMATION (only those eligible may be enrolled)					
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Spouse) 	First Name 	M.I. 	Date of Birth* 	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Dependent) 	First Name 	M.I. 	Date of Birth* 	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Dependent) 	First Name 	M.I. 	Date of Birth* 	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Dependent) 	First Name 	M.I. 	Date of Birth* 	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Dependent) 	First Name 	M.I. 	Date of Birth* 	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Dependent) 	First Name 	M.I. 	Date of Birth* 	
* Required to associate Dependent(s) with Subscriber ** Required to process enrollment Employee Signature: _____ Date: _____					

I <u>elect</u> the following coverage:	
<u>SELECT PLUS 150 PLAN</u> VOLUNTARY (Employee); VOLUNTARY (Dependents) Copays \$10/\$25; Frequency 12/12/24	
<u>Payroll Deduction</u>	
<input type="checkbox"/> EE	\$ <u>7.23</u>
<input type="checkbox"/> EE+1	\$ <u>11.56</u>
<input type="checkbox"/> EC	\$ <u>11.89</u>
<input type="checkbox"/> EF	\$ <u>19.11</u>
<input type="checkbox"/> Waived	
Declination of coverage must be accompanied by the Employee's signature above.	

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.