An Eyecare Plan With You in Mind

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer. Sharper. Brighter.

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts and diabetes. Even cancer. Plus, eye exams for kids can spot problems that can impact learning and development.

Always Accepting New Patients

VSP network doctors are located right where you need them — close to work, home and shopping centers. They provide exceptional care and offer a wide selection of frames to choose from — all at one convenient location. Their commitment to care and service grows with you and your family for a lifetime of care.

85% of all you experience is through your eyes

Eyecare is important.

No ID cards. No claim forms. Easy as 1, 2, 3.

1. Find a VSP network doctor at vsp.com or call 800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

Answers Anytime, Anywhere

What’s important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Searching for information on conditions of the eye? Visit vsp.com today. You’ll like what you see.

“Highest in Overall Member Satisfaction Among National Vision Plans.”

Hamilton College and VSP provide you with an affordable eyecare plan. Sign up for VSP today.

VSP Coverage Effective .............................................1/1/05

Your Coverage

When visiting a VSP network doctor, you’ll receive:

Exam covered in full................................ ... every 12 months
Prescription Glasses
Lenses covered in full, every 12 months
Single vision, lined bifocal and lined trifocal lenses.
Frame................................ ...................... every 24 months
Frame of your choice covered up to $120. Plus, 20% off any out-of-pocket costs.

~OR~

Contacts ................................ .................... every 12 months
When you choose contacts instead of glasses, your $105.00 allowance applies to the cost of your contacts and the fitting and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of your contacts. If you select contacts you will be eligible for a frame 24 months from the date the contacts were obtained.

Current soft contact lens wearers may qualify for VSP’s Contact Lens Care Program that includes a contact lens exam (fitting and evaluation) and initial lens supply. Learn more from your doctor or vsp.com.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost $300 or more. With VSP coverage, you’ll save. Plus, with pre-tax payroll deductions, you’ll be budgeting for your eyecare while reducing your taxable income.

Your Copays

Exam...........................................................................$10.00
Prescription Glasses.................................................$25.00
Contacts..................................................No copay applies

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses
• Polycarbonate lenses for dependent children covered in full (effective 1/1/05)
• Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
• 20% off additional prescription glasses and sunglasses *

Contacts*
• 15% off cost of contact lens exam (fitting and evaluation)
* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Contribution

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Premium</th>
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<tbody>
<tr>
<td>Employee Only</td>
<td>$6.66</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$9.66</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$17.33</td>
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</tbody>
</table>

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You’ll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Maximum Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Up to $47.00</td>
</tr>
<tr>
<td>Lenses:</td>
<td></td>
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<tr>
<td>Single Vision</td>
<td>Up to $48.00</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>Up to $69.00</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>Up to $85.00</td>
</tr>
<tr>
<td>Frame</td>
<td>Up to $45.00</td>
</tr>
<tr>
<td>Contacts</td>
<td>Up to $105.00</td>
</tr>
</tbody>
</table>

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail.