

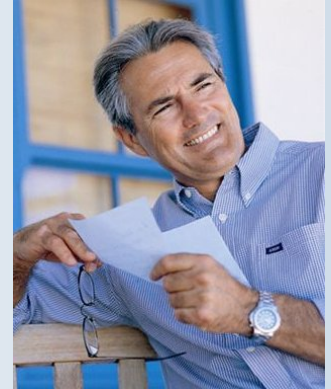


VISION CARE DIRECT

Pratt USD 382

Thank you for selecting Vision Care Direct as an integral part of your benefits program.

June 19, 2009
Group ID: 589



Your renewal date with Vision Care Direct is 10/01/09.

Due to inflation and other factors in the industry, it is necessary to review rates periodically. Our goal at Vision Care Direct is to hold these rates at levels that are reasonable and comparable to today's market, and also keep rate increases as minimum and as infrequent as possible. We do this while upholding a superior level of service that Vision Care Direct firmly believes in and practices.

We have reviewed your plan and are able to continue your service at the same rate, as outlined on the following page.

Vision Care Direct offers an extensive variety of benefit plan designs. Additional options are available upon request. Please contact your broker or Vision Care Direct for more information.

Vision Care Direct sincerely thanks you for the opportunity to serve you and do business with you. Please contact us if you have any questions during the renewal process or if we can be of any assistance.

Sincerely,

O. Reid Nelson
President of Vision Care Direct
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Phone: 602-448-8177
Fax: 480-964-3401
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cc: Rhonda Fernandez; Professional Insurance Consultants, Inc.

Claims & Administrative Office; 2178 So. 900 East #6, Salt Lake City, UT 84106; **Toll free** (877) 488-8900; Fax (801) 466-4113

Current Benefit Plans and Rates

| PLAN 100: \$100 frame allowance or \$105 elective contact lens allowance | | | | | | |
|--|---------|---------|--------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$13.58 | \$12.10 | \$8.98 | \$9.18 | \$9.90 | \$4.40 |
| Employee +1 | 21.72 | 19.36 | 14.36 | 14.68 | 15.84 | 7.04 |
| Employee +Child(ren) | 25.06 | 22.34 | 16.58 | 16.94 | 18.26 | 8.12 |
| Family | 42.62 | 37.98 | 28.20 | 28.80 | 31.08 | 13.82 |

| PLAN 130: \$130 frame allowance or \$130 elective contact lens allowance | | | | | | |
|--|---------|---------|---------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$15.78 | \$13.20 | \$10.08 | \$11.38 | \$12.10 | \$4.40 |
| Employee +1 | 25.24 | 21.14 | 16.14 | 18.20 | 19.36 | 7.04 |
| Employee +Child(ren) | 29.12 | 24.38 | 18.62 | 21.00 | 22.34 | 8.12 |
| Family | 49.54 | 41.46 | 31.68 | 35.72 | 37.98 | 13.82 |

| PLAN 160: \$160 frame allowance or \$160 elective contact lens allowance | | | | | | |
|--|---------|---------|---------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$17.98 | \$14.30 | \$11.18 | \$13.58 | \$14.30 | \$4.40 |
| Employee +1 | 28.76 | 22.88 | 17.90 | 21.72 | 22.88 | 7.04 |
| Employee +Child(ren) | 33.20 | 26.40 | 20.64 | 25.06 | 26.40 | 8.12 |
| Family | 56.44 | 44.90 | 35.10 | 42.62 | 44.90 | 13.82 |

Renewal Benefit Plans and Rates — 10/01/09

| PLAN 100: \$100 frame allowance or \$105 elective contact lens allowance | | | | | | |
|--|---------|---------|--------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$13.58 | \$12.10 | \$8.98 | \$9.18 | \$9.90 | \$4.40 |
| Employee +1 | 21.72 | 19.36 | 14.36 | 14.68 | 15.84 | 7.04 |
| Employee +Child(ren) | 25.06 | 22.34 | 16.58 | 16.94 | 18.26 | 8.12 |
| Family | 42.62 | 37.98 | 28.20 | 28.80 | 31.08 | 13.82 |

| PLAN 130: \$130 frame allowance or \$130 elective contact lens allowance | | | | | | |
|--|---------|---------|---------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$15.78 | \$13.20 | \$10.08 | \$11.38 | \$12.10 | \$4.40 |
| Employee +1 | 25.24 | 21.14 | 16.14 | 18.20 | 19.36 | 7.04 |
| Employee +Child(ren) | 29.12 | 24.38 | 18.62 | 21.00 | 22.34 | 8.12 |
| Family | 49.54 | 41.46 | 31.68 | 35.72 | 37.98 | 13.82 |

| PLAN 160: \$160 frame allowance or \$160 elective contact lens allowance | | | | | | |
|--|---------|---------|---------|----------------|------------|-----------|
| Type of Coverage | Gold | Silver | Bronze | Materials Only | Rx Sunwear | Exam Only |
| Employee Only | \$17.98 | \$14.30 | \$11.18 | \$13.58 | \$14.30 | \$4.40 |
| Employee +1 | 28.76 | 22.88 | 17.90 | 21.72 | 22.88 | 7.04 |
| Employee +Child(ren) | 33.20 | 26.40 | 20.64 | 25.06 | 26.40 | 8.12 |
| Family | 56.44 | 44.90 | 35.10 | 42.62 | 44.90 | 13.82 |