PROPOSAL FOR

County of Titus	
RATES SHOWN ARE VALID FROM: October 15, 2013 - December 15, 2013	Guardian [®] Group Benefits
Presented by: Capps Insurance	Innovative
Sales Representative: David Willey	sync Solutions
Telephone: (214) 414-2259	
SIC Code: 9111 State & Zip: TX 75455	
Created: October 3, 2013	

PLAN DESIGN

We offer comprehensive benefits plans that can be customized to the needs of employers. To help you evaluate the plans, we have provided detailed benefits summaries within this package.

RATES

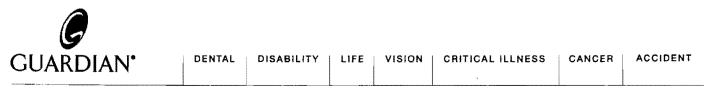
Rates and premiums presented are based on the employee data submitted in your request for a proposal. Final rates and premiums are based on the plans selected and the information provided on the enrollment forms.

BROAD RANGE OF PRODUCTS

We offer a variety of flexible, cost-effective employee benefits plans that can help employers meet the needs of employees and their families, and manage costs at the same time. Our benefits plans include Dental, Disability, Life, Vision, Critical Illness, and many more.

WHY GUARDIAN?

- · Enrollment Support Dedicated professionals help ensure smooth plan implementation
- · Multi-Product Discounts Combine plans to meet customer needs and save money
- · Convenient Access to Service One phone number and one secure website
- · Streamlined Billing All plans billed on one invoice
- · Experience & Expertise Over 50 years group benefits experience with exemplary ratings



		R	ATES					
		P	lan #1					
All Eligible Employees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium		
Monthly Rate	\$7.53	\$12.68	\$12.93	\$20.46	\$1,659.84	\$19,918.08		
Census	88	18	12	30				
Rate Guarantee	1 Year							
		BE	NEFITS					
	All Eligible Employees							
Contribution/Participation	Voluntary, Assum	es 50% of eligible e						
Dependent Age Limits	To Age 26							
Network/Plan	Davis/Full Featur	e - Designer B		1999 - 1990 - 1999 - 19				
Сорау	1							
Split(Exams/Materials)	\$10/\$25	1997						
		SERVICE F	REQUENCIE	ES				
			Once	Every:				
Eye Exams			Calend	ar Year				
Lenses Benefit			Calend	ar Year				
Contact Lenses		· · · · · · · · · · · · · · · · · · ·	Calenda	ar Year				
Frames			Other Cale	ndar Year				
		EIMBURSEN	IENT SCHED	OULE				
	İr	Network (Copa)	/)	Out N	etwork (After Co	opay)		
Eye Exams Benefit		\$10		\$50 max				
Lenses Benefit								
Single Vision		\$25			\$48 max			
Bifocal		\$25			\$67 max			
Trifocal		\$25			\$86 max			
Lenticular	\$25 \$126 max							
Contact Lenses Benefit**								
Medically Necessary	(Covered after copay			\$210 max			
Elective	\$12	0 max (Copay waive	ed)	\$105 max (Copay waived)				
Frames Benefit	\$ 400	tail max + 20% off b			\$48 max			

**In lieu of complete set of glasses

- Guardian's affiliation with Davis Vision offers access to over 43,000 provider locations nationwide, including private practice providers and many convenient retailers such as Wal-Mart, Sam's Club, Target, Sears, JC Penney and Pearle locations. On average 95% of members use an in network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.
- For calendar year plans, this plan allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.
- With our Designer plans, members will receive significant discounts on lens options, discounts will range from 20-60% off the U&C. For example, standard progressive lenses will cost \$50 and scratch resistant coating will cost \$20. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.

- Full Feature plans receive a 20% discount off the amount exceeding the copay and allowance on non-Collection frames and 15% off the
 amount exceeding the copay and allowance on non-Collection contact lenses purchased from a participating provider. At Wal-Mart and Sam's
 Club locations, members will receive Wal-Mart's or Sam's Club's everyday low prices.
- With our Designer plans, frames from Davis' Fashion or Designer collections are covered in full in excess of the plan's materials copay.
 Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay. The Collections are available at most participating independent provider offices but not in retail locations.
- Contact lenses purchased from the Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage
 can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a noncontributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new
 employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and both the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual
 participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

		R	ATES				
		Р	lan #2				
No Retirees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premiun	
Monthly Rate	\$6.89	\$11.60	\$11.83	\$18.72	\$1,325.76	\$15,909.1	
Census	60	18	12	30			
Rate Guarantee	1 Year						
		BEI	NEFITS				
		,,		tirees			
Contribution/Participation	Voluntary, Assum	es 50% of eligible e					
Dependent Age Limits	To Age 26						
Network/Plan	Davis/Full Featur	e - Designer B					
Сорау							
Split(Exams/Materials)	\$10/\$25						
		SERVICE F	REQUENCIE	ES			
			Once				
Eye Exams			Calenda	ar Year	an den den en e	1. 18-1-18-18-18-18-18-18-18-18-18-18-18-18	
Lenses Benefit			Calenda	ar Year		Billio / 1 V.,	
Contact Lenses			Calenda	ar Year			
Frames			Other Cale	ndar Year			
	R	EIMBURSEN	IENT SCHED	DULE			
	In Network (Copay)			Out Network (After Copay)			
Eye Exams Benefit		\$10		\$50 max			
Lenses Benefit				_			
Single Vision		\$25			\$48 max		
Bifocal		\$25			\$67 max		
Trifocal		\$25			\$86 max		
Lenticular		\$25			\$126 max		
Contact Lenses Benefit**			······································				
Medically Necessary	C	Covered after copay		\$210 max			
Elective	\$12	0 max (Copay waive	ed)	\$105	\$105 max (Copay waived)		
- rames Benefit	¢400	ail max + 20% off b			\$48 max	·····	

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- All plan eyeglasses at national retailers come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. At private practice providers the warranty would cover all lenses and frames from the Davis Vision Collection only.
- For calendar year plans, this plan allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.
- With our Designer plans, members will receive significant discounts on lens options, discounts will range from 20-60% off the U&C. For example, standard progressive lenses will cost \$50 and scratch resistant coating will cost \$20. Oversized lenses and fashion or gradient tinting of plastic lenses are covered in full.

- Full Feature plans receive a 20% discount off the amount exceeding the copay and allowance on non-Collection frames and 15% off the
 amount exceeding the copay and allowance on non-Collection contact lenses purchased from a participating provider. At Wal-Mart and Sam's
 Club locations, members will receive Wal-Mart's or Sam's Club's everyday low prices.
- With our Designer plans, frames from Davis' Fashion or Designer collections are covered in full in excess of the plan's materials copay.
 Frames from Davis' Premier collection are covered in full in excess of a \$25 copay applied in addition to the plan's materials copay. Frames not in the collections are covered up to the plan's retail allowance in excess of the plan's materials copay. The Collections are available at most participating independent provider offices but not in retail locations.
- Contact lenses purchased from the Davis Collection are covered in full after the copay, if any, and the contact lens fitting and evaluations are
 included at no additional charge. The Collection is available at most participating independent provider offices but not in retail locations.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a noncontributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and **both** the employee and spouse elect to move over to the spouse's new employer's vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

Vision

		R	ATES					
Plan #3								
All Eligible Employees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium		
Monthly Rate	\$11.42	\$19.23	\$19.61	\$31.03	\$2,517.32	\$30,207.84		
Census	88	18	12	30				
Rate Guarantee	1 Year			······································				
		RE	NEFITS					
	All Eligible Employees							
Contribution/Participation	Voluntary, Assum	es 50% of eligible (Linpioyees				
Dependent Age Limits	To Age 26	Voluntary, Assumes 50% of eligible employees.						
Network/Plan		- Enhanced Choice	B	<u></u>				
Сорау	L	· · · · · · · · · · · · · · · · · · ·						
Split(Exams/Materials)	\$10/\$25					-		
		SERVICE P	REQUENCI	ΞS				
			Once	Every:				
Eye Exams			Calend	ar Year	·····			
Lenses Benefit	Calendar Year							
Contact Lenses			Calend	ar Year				
Frames			Other Cale	endar Year				
	R	EIMBURSEN	AENT SCHEE	DULE				
	lr	Network (Copa	()	Out N	letwork (After Copay)			
Eye Exams Benefit		\$10			\$39 max			
Lenses Benefit					•••			
Single Vision	_	\$25			\$23 max			
Bifocal		\$25			\$37 max			
Trifocal		\$25		\$49 max				
Lenticular		\$25			\$64 max			
Contact Lenses Benefit**			·		-			
Medically Necessary	(Covered after copay		\$210 max				
Elective	\$13	0 max (Copay waiv	ed)	\$100	\$100 max (Copay waived)			
Frames Benefit	\$130 ro	tail max + 20% off b			\$46 max			

**In lieu of complete set of glasses

- Guardian's affiliation with Vision Service Plan (VSP) offers one of the largest vision care networks in the industry with over 50,000 provider locations nationwide. On average 95% of members use an in-network provider. Just visit GuardianLife.com and select 'Find a Provider'.
 Guardian's affiliation with Vision Service Plan (VSP) Choice Network offers access to over 50,000 provider locations nationwide which is a
- lower cost plan with higher out of pocket costs for the members compared to a Signature Plan. On average 95% of members use an in network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the
 amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact
 lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.

• For calendar year plans, an Enhanced Plan B allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. State specific requirements apply.

- The covered person must remain enrolled until the plan's next vision annual open enrollment period. Someone who waives or drops coverage can't enroll until the plan's next vision annual open enrollment period. These requirements do not apply if the vision plan is sold on a noncontributory basis or if enrollment is tied-to a dental or medical plan.
- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new
 employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
- If an employee has employee/spouse vision coverage and both the employee and spouse elect to move over to the spouse's new employer's
 vision plan, again, Guardian lock-in does not apply to either spouse or employee.
- If an employee gets married and wishes to go on the new spouse's plan, the member may decline outside of open enrollment only if the member actually goes on the new spouse's plan.
- We reserve the right to adjust rates if actual participation is below assumed level. We reserve the right to withdraw this proposal if actual participation is below 25%.

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Vision

		R	ATES				
		P	'lan #4				
No Retirees	Employee	Employee & Spouse	Employee & Child	Full Family	Monthly Premium	Annual Premium	
Monthly Rate	9 \$10.45	\$17.59	\$17.94	\$28.40	\$2,010.90	\$24,130.8	
Census	60	18	12	30			
Rate Guarantee	1 Year						
		BF	NEFITS				
	1		No Re	tirees			
Contribution/Participation	Voluntary, Assur	mes 50% of eligible e					
Dependent Age Limits	To Age 26						
Network/Plan	+	e - Enhanced Choice			······		
Сорау							
Split(Exams/Materials)	\$10/\$25						
	la	SERVICE	REQUENCIE	≓S			
			Once				
Eye Exams			Calenda				
Lenses Benefit			Calenda	ar Year			
Contact Lenses			Calenda	ar Year			
Frames			Other Cale	ndar Year			
		REIMBURSEN	NENT SCHED	DULE			
	In Network (Copay)			Out Network (After Copay)			
Eye Exams Benefit		\$10			\$39 max		
Lenses Benefit	L		I				
Single Vision		\$25		\$23 max			
Bifocal		\$25		\$37 max			
Trifocal		\$25	Í	\$49 max			
Lenticular	\$25 \$64 max						
Contact Lenses Benefit**							
Medically Necessary		Covered after copay			\$210 max		
Elective	\$1	30 max (Copay waive	ed)	\$100 max (Copay waived)			
Frames Benefit	\$130 retail max + 20% off balance				\$ 46 max		

- Guardian's affiliation with Vision Service Plan (VSP) offers one of the largest vision care networks in the industry with over 50,000 provider locations nationwide. On average 95% of members use an in-network provider. Just visit GuardianLife.com and select 'Find a Provider'.
 Guardian's affiliation with Vision Service Plan (VSP) Cheice Network offers access to over 50,000 provider locations patiential which is a second select 'Find a Provider'.
- Guardian's affiliation with Vision Service Plan (VSP) Choice Network offers access to over 50,000 provider locations nationwide which is a lower cost plan with higher out of pocket costs for the members compared to a Signature Plan. On average 95% of members use an in network provider. Just visit GuardianLife.com and select 'Find a Provider'.
- Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the
 amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact
 lenses. These discounts only apply to services from an in network provider.
- With our Choice plans, members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.

• For calendar year plans, an Enhanced Plan B allows for frames every two calendar years, regardless of whether the member obtained elective contact lenses the previous year.

IMPORTANT NOTES

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- If an employee has employee/spouse vision coverage and the spouse obtains new employment and elects vision coverage with the new
 employer, Guardian lock-in does not apply to that spouse and the spouse is free to move with no negative impact.
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 participation is below 25%.

Please see the Summary of Plan Limitations and Exclusions that appears either on this page or the last page of this coverage.

SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS

VSP Network

- · Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- · Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.

The plan does not pay for:

- · Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- · Eye examination or corrective eyewear required by an employer as a condition of employment.
- · Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses, U-V protected lenses, and optional cosmetic processes.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-VSN-96-1 et al.

Davis Network

- · Coverage is limited to those charges that are necessary to prevent, diagnose and treat a vision condition.
- · Members cannot bank unused allowance amounts for future use, they must use their allowance during the same office visit.
- Members cannot split their benefits, they must purchase frames and lenses during the same office visit

The plan does not pay for:

- · Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eye.
- · Eye examination or corrective eyewear required by an employer as a condition of employment.
- · Lenses and frames furnished under this plan, which are lost or broken (except when services are otherwise available).
- Our Designer plans limit benefits for most optional cosmetic lens processes and treatments. Our Premier Platinum plans cover a wide range of cosmetic lens processes and treatments.
- Medically necessary contact lenses are covered only if needed: (1) after cataract surgery; (2) to correct extreme visual acuity problems that cannot be corrected with eyeglasses; (3) for certain conditions of Anisometropia; or (4) for Keratoconus.
- The services, exclusions and limitations listed above do not constitute a contract and are a summary only.
- GP-1-Davis-1 et al.