

January 1, 2008

Vision Discount Program MMC



MARSH MERCER KROLL
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Vision Discount Program

The Vision Discount Program offers you discounts on vision care provided by VSP providers, such as eye exams, eyeglasses, and contact lenses.

*If you meet the employee eligibility requirements, coverage under the Vision Discount Program is automatic for you and your **ELIGIBLE FAMILY MEMBERS**.*

In addition to using the discounts that the Vision Discount Program provides, you may also enroll for eyecare coverage under the Vision Care Plan. For more information, see the [Vision Care Plan section](#).

SPD and Plan Document

This section provides a summary of the Vision Discount Plan (the "Plan") as of January 1, 2008.

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Participating in the Vision Discount Program

You are eligible for the discounts provided by the Vision Discount Program if you meet the eligibility requirements described in the *Participating in Healthcare Benefits* section.

Your family members who meet the eligibility requirements that are described in the *Participating in Healthcare Benefits* section are also eligible for the discounts, so long as you are eligible.

Enrollment

You do not need to enroll in the Vision Discount Program. Coverage is automatic if you are eligible.

Cost of Coverage

There is no cost for the Vision Discount Program.

ID Cards

With VSP, there are no ID cards needed to receive the Vision Discount Program's discounts on services from VSP providers.

To receive a discount off VSP providers' regular fees and prices, you or your eligible family member can simply visit a VSP doctor of your choice and tell them you're a VSP member through Marsh & McLennan Companies, Inc. (MMC).

What the Program Provides

The Vision Discount Program provides discounts to help with your and your eligible family member's vision care expenses. With the Vision Discount Program, you'll receive the following discounts off VSP providers' usual prices:

Eye exams	20% discount
Lenses and frames	20% discount on prescription lenses when purchased with a frame (includes prescription and non-prescription sunglasses and lens options)
Contacts	exclusive pricing on annual supplies of popular contact lens brands and 15% discount off your contact lens exam

Contact Information

For more information, contact one of VSP's customer service representatives:

- E-mail: Form found on www.vsp.com
- Online chat: Form found on www.vsp.com
- Phone: (800) 877-7195

MMC does not administer this Plan. VSP's decisions are final and binding.

Glossary

ACTIVE WORK STATUS

You must be actively-at-work during your approved scheduled work week and not on any type of leave.

ACTIVELY AT WORK

You are “actively at work” if you are fulfilling your job responsibilities at a Company-approved location on the day coverage is supposed to begin (e.g., you are not out ill or on a leave of absence).

AFTER-TAX PAYCHECK DEDUCTIONS

Deductions taken from your pay after Social Security (FICA and Medicare) and federal unemployment insurance (FUTA) taxes and other applicable federal, state and local taxes are withheld.

APPROVED SPOUSE AND DOMESTIC PARTNER

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans’ criteria, or immediately upon satisfying the plans’ criteria if you previously did not qualify. To obtain spousal or domestic partner coverage, you will need to complete an Affidavit of Eligible Family Membership via MMC Benefits Online declaring that:

Spouse / Domestic Partner

- You have already received a marriage license from a U.S. state or local authority, or registered your domestic partnership with a U.S. state or local authority; or

Spouse Only

- Although not registered with a U.S. state or local authority, your relationship constitutes a marriage under U.S. state or local law (e.g. common law marriage or a marriage outside the U.S. that is honored under U.S. state or local law).

Domestic Partner Only

- Although not registered with a U.S. state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - not be Medicare eligible

- currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently, and
 - have agreed to share responsibility for each other's common welfare and basic financial obligations
 - not related by blood to a degree of closeness that would prohibit marriage under applicable state law.
- MMC reserves the right to require documentary proof of your domestic partnership at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying either the registration of your domestic partnership with a state or local authority or your cohabitation and/or mutual commitment.

Once your Affidavit of Eligible Family Membership is completed and processed, you may cover the dependent child(ren) of your spouse or domestic partner.

CLAIMS ADMINISTRATOR/PHARMACY BENEFIT MANAGER

Vendor that administers the Plan and processes claims; the vendor's decisions are final and binding.

ELIGIBLE FAMILY MEMBERS

Child/Dependent Child means:

- your natural child
- a child for whom you are the legally appointed guardian with full financial responsibility
- the child of an approved domestic partner
- your stepchild
- your unmarried child over the limiting age, who is incapable of self support by reason of a total physical or mental disability as determined by the Claims Administrator
- your legally adopted child or a child or child placed with you for adoption

For your child to be covered, your child must be:

- dependent on you for maintenance and support, and
- under 19 years of age or
- under 25 years of age if a full-time student in a college or other accredited institution (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school) and not employed on a full-time basis and
- unmarried

The Company has the right to require documentation to verify dependency (such as a copy of the court order appointing legal guardianship). Company medical coverage does not cover foster children or other children living with you, including your grandchildren, unless you are their legal guardian with full financial responsibility - that is, you or your spouse claims them as a dependent on your annual tax return.

ELIGIBLE KROLL EMPLOYEES

As used throughout this document, "Kroll Employees" are defined as employees classified on payroll as U.S. full-time regular employees of Kroll, Inc. or any of its subsidiaries.

ELIGIBLE MMC EMPLOYEES (OTHER THAN KROLL)

As used throughout this document, “MMC Employees (other than Kroll)” are defined as employees classified on payroll as U.S. salaried employees of MMC or any subsidiary or affiliate of MMC (other than Kroll Inc., and any of its subsidiaries).

FULL-TIME REGULAR EMPLOYEE OF KROLL

Employees that were not hired to perform short term projects, special programs of a temporary nature and will not be terminated from employment upon completion of their assignment.

WAITING PERIOD/ELIMINATION PERIOD

The amount of time you must wait before being able to participate in a plan.