



Bringing
Your World
into Focus

Choices Vision Care Plan for
Johnson & Johnson Employees
Featuring the
EyeMed Vision Care Network

EyeMed
VISION CARE®

Why Vision Insurance?

To help avoid future eye problems, you need to take care of your vision today — that includes regular eye exams and the right corrective eyewear. Vision insurance helps address the costs of proper eye care by providing benefits for annual exams, eyeglasses, contact lenses and even discounts on laser vision correction and additional vision care purchases.



Did You Know?

Vision problems are the second most prevalent health problem in the U.S., affecting more than 120 million people.

Facts About Vision, www.avesis.com, viewed July 2010.

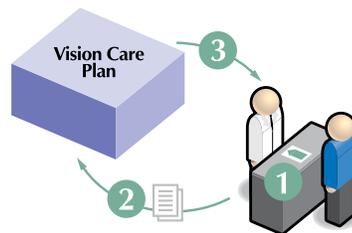
More than 11 million Americans have an uncorrected vision problem — regular eye exams can not only detect serious vision problems, but also reveal the early signs of many other health conditions, such as diabetes and hypertension.

Vision Council of America, www.visionsite.org, viewed March 2010.

How Does the Vision Care Plan Work?

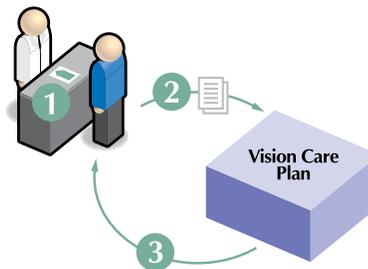
The Vision Care Plan features the EyeMed Vision Care network, one of the largest in the industry, with access to thousands of private practitioners and retail providers nationwide, including LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. You'll enjoy significant savings on products and services obtained at in-network providers, and you'll receive reimbursements for certain services even if your eye doctor is outside the network. Plus, Johnson & Johnson employees receive reimbursements equivalent to in-network benefits for services at all Costco® and Wal-Mart® optical locations.

In-Network



1. Patient remits co-pay and applicable out-of-pocket costs to in-network eye care provider.
2. Provider files claim with the Vision Care Plan.
3. Vision Care Plan makes payment to in-network eye care provider.

Out-of-Network



1. Patient pays for services to out-of-network eye care provider.
2. Patient completes and submits reimbursement form with receipts.
3. Patient receives out-of-network reimbursement from the Vision Care Plan.¹

¹ For services at all Costco and Wal-Mart optical locations, you'll receive reimbursements equivalent to in-network benefits.

What Does This Vision Care Plan Offer?

Choice

- Access to thousands of private practitioners and optical retailers — including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations — through the EyeMed Vision Care network.

Note: The EyeMed Vision Care network requires that eye care professionals meet strict standards. Providers are credentialed according to national standards and then recertified every 36 months to ensure that they meet EyeMed's standards for high-quality care.

- Out-of-network provisions allow you to use any provider — however, out-of-network reimbursements may be lower than in-network benefits.
- Benefits apply to available glasses and lenses at a provider location, including popular designer frame brands such as Anne Klein®, Brooks Brothers®, Vogue® and more.²

Savings

- 100-percent coverage on annual exams, with a \$15 co-pay through in-network providers.
- Extra savings of 20 percent on various additional services and materials, such as cleaning solutions, cloths, glass lenses and sunglasses (contact lenses and doctors' professional services are excluded).
- Ongoing discounts on subsequent purchases — up to 40 percent off a complete pair of eyeglasses and 15 percent off conventional contact lenses after the annual benefit for eyeglasses and contact lenses has been used.
- Discounts for LASIK and PRK procedures through the U.S. Laser Vision network, which is owned by LCA-Vision.

Convenience

- Convenient provider locations — many with evening and weekend hours to accommodate busy schedules.
- Live customer service from EyeMed's Customer Care Center available at 866-414-2064, Monday through Saturday from 8 a.m. to 11 p.m. and Sunday from 11 a.m. to 8 p.m. (Eastern Time).

- Online ordering for replacement contact lenses at www.eyemedcontacts.com, with delivery right to your door.
- Benefits information and provider locator available at www.eyemedvisioncare.com/jnj.



Richard's Story

Because Richard took advantage of the vision benefits offered by his employer, he was diligent about scheduling regular eye exams, especially after he reached his forties and needed eyeglasses. It was during one of his annual check-ups that his doctor noticed a change in Richard's eyes, and they discussed Richard's family history of glaucoma. Throughout the next two years, Richard's optometrist continued to monitor him and eventually diagnosed him with the disease. Fortunately, because of his early diagnosis, Richard was able to control his glaucoma with medicine and preserve his eyesight during his working years and into retirement.

For illustration purposes only.

²Some exceptions apply. Details available at provider location.

How to Access Your Vision Care Benefits

- 1. Locate a provider.** Call 866-414-2064 or visit www.eyemedvisioncare.com/jnj to find an eye care provider near you.
- 2. Schedule an appointment.** Most providers in the EyeMed Vision Care network offer evening and weekend hours to accommodate busy schedules.
- 3. Present your ID card.** Easily identify yourself, your vision care plan and network.

For your convenience, vision identification (ID) cards are mailed directly to your home. They will be printed with your name only, but eligible dependents can also use the cards. Please verify the provider accepts your plan when scheduling your appointment.

Note: Your vision identification card is not required to access your benefits. If you do not have your vision ID card, simply mention that your plan is by EyeMed Vision Care and then provide your last name and date of birth to access your benefits.

Focus on Vision Wellness

Routine Eye Exams Are Important

Healthy eyes are important to your overall health and well-being — and that's why every member of the family should have a comprehensive eye exam annually (unless otherwise recommended by your doctor).

Comprehensive eye exams complement your wellness routine by giving the eye doctor an unobstructed view of blood vessels in the eye. This allows the doctor to see the early signs of serious health conditions like diabetes and high blood pressure, as well as the onset of eye diseases such as glaucoma and macular degeneration. Early diagnoses of these conditions mean more successful treatment.

Safeguard Your Precious Eyesight

- When working on a computer, look away every 20 minutes and gaze at a distant object.³
- If you wear glasses, use anti-reflective lenses to reduce glare, eye strain and fatigue.³
- If you wear contact lenses, follow your optometrist's recommendations for cleaning and replacing them.⁴
- Wear quality sunglasses whenever you are outdoors — wraparound styles with at least 99-percent UV filtering are the best.⁴

Enroll Today!

If you are not already enrolled in the Vision Care Plan, enrollment is quick and easy.

Visit Your Benefits Resources™ (YBR) at <http://resources.hewitt.com/jnjbsc> (use lower-case letters).

To access YBR, you'll need your Social Security number and password (PIN).

Monthly Cost of Benefit

You	\$6.65
You + Spouse/Domestic Partner	\$13.75
You + Child(ren)	\$14.13
You + Family	\$18.48

Your premiums will be conveniently taken through payroll deduction.

For services at all Costco and Wal-Mart optical locations, you'll receive reimbursements equivalent to in-network benefits.

For more details, call 866-414-2064.

³ www.allaboutvision.com, viewed July 2010.

⁴ American Optometric Association, www.aoa.org, viewed July 2010.

Your Vision Benefits at a Glance

	In-Network	Out-of-Network ⁵
Eye Care Exam		
Annual Exam (dilation as necessary)	\$15 co-pay	Up to \$50 reimbursement
Eyeglasses (frames and lenses)		
Annual Allowance for Frames	100% up to \$130 and 20% off the balance over \$130	Up to \$55 reimbursement
Annual Allowance for Standard Plastic Lenses (in lieu of contact lenses)	100% coverage for single, bifocal, trifocal and lenticular, including the following lens options: scratch resistance, UV coating, standard anti-reflective coating and tint	<ul style="list-style-type: none"> • Single: Up to \$50 reimbursement • Bifocal: Up to \$70 reimbursement • Trifocal: Up to \$90 reimbursement • Lenticular: Up to \$90 reimbursement
Other Lens Options Available at Network Discounts⁶	You only pay: <ul style="list-style-type: none"> • Polycarbonate: \$40 • Standard progressives: \$65 • Premium progressives: \$65 plus 80% of the charge, less \$120 allowance 	<ul style="list-style-type: none"> • Standard progressives: Up to \$70 reimbursement • Premium progressives: Up to \$70 reimbursement
Contact Lenses		
Annual Allowance for Contact Lenses (in lieu of eyeglass lenses; includes materials only)	<ul style="list-style-type: none"> • Johnson & Johnson conventional (nondisposable, non-planned replacement): 100% coverage up to \$150 allowance, 15% off balance over \$150 • Johnson & Johnson disposable: 100% coverage up to \$150 • Other conventional (nondisposable, non-planned replacement): 100% coverage up to \$100, 15% off balance over \$100 • Other disposable: 100% coverage up to \$100 • Medically necessary contact lenses: 100% coverage 	<ul style="list-style-type: none"> • Johnson & Johnson conventional: Up to \$150 reimbursement • Johnson & Johnson disposable: Up to \$150 reimbursement • Other conventional: Up to \$85 reimbursement • Other disposable: Up to \$85 reimbursement • Medically necessary contact lenses: 100% coverage up to \$210
Contact Lens Fit and Follow-Up Discount Fee (available after eye exam) ⁶	<ul style="list-style-type: none"> • Standard (conventional and planned replacement contact lenses): Up to \$55 charge to member • Premium (all non-standard contact lenses, such as toric, multifocal, etc.): 10% off retail price 	No discount or coverage available
Laser Vision Correction^{6,7}		
LASIK and PRK procedures	15% off retail or 5% off promotional price from U.S. Laser Network	No discount or coverage available
Additional Savings⁶		
Other Services, Materials or Add-On Features	20% off various additional services and materials, such as cleaning solutions, cloths, glass lenses and sunglasses (contact lenses and doctors' professional services are excluded)	No discount or coverage available
Additional Discounts	40% off a complete pair of eyeglasses and 15% off conventional contact lenses once the annual benefits for eyeglasses and contact lenses have been used; 20% off frames, lenses or lens options purchased separately	No discount or coverage available

Questions or to Find a Provider

Call customer service at 866-414-2064, Monday through Saturday from 8 a.m. to 11 p.m. and Sunday from 11 a.m. to 8 p.m. (Eastern Time), or visit www.eyemedvisioncare.com/jnj.

⁵ For exam, frame, standard lenses and contact lenses at Costco or Wal-Mart, reimbursement is equivalent to in-network benefits. For eligible reimbursement on out-of-network expenses, complete and submit a claim form and receipts to the address listed on the form. To obtain a claim form, call 866-414-2064 or visit YBR at <http://resources.hewitt.com/jnjbsc>.

⁶ Not an insured benefit; discount service only. Member receives a 20-percent discount on items not covered by the plan at network providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services and certain brand name vision materials in which the manufacturer imposes a no-discount practice. Benefit allowances provide no remaining balance for future use within the same benefit frequency.

⁷ Laser vision correction discount is not part of the funded benefit. Discounts are available through the US Laser Vision network, which is owned by LCA-Vision.

Limitations and Exclusions

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Aniseikonic lenses.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan.
- Services provided as a result of any workers' compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20-percent discount).
- Two pairs of glasses in lieu of bifocals.
- Discounts on frames where the manufacturer prohibits discount.

Please see the Summary Plan Description for a complete list of limitations and exclusions.

Definitions

Polycarbonate Lenses More durable than regular plastic lenses, and are very lightweight. They also have greater impact resistance than any other lens material, making them the lenses of choice for sports eyewear, children or those with active lifestyles.

Progressive Lenses Includes, but is not limited to, the following trade names: Access[®], Adaptar[®], AF Mini[®], Continuous[®], Vue[®], Freedom[®], Sola VIP[®], Sola XL[®] and True Vision[®]. Standard lenses are the mid-range level of progressive lens based on the year, make and model of equipment used to develop them, as designed by the plan.

Premium Progressive Lenses Includes, but is not limited to, the following trade names: AO Compact[®], Kodak[®], Multigressiv[®], Natural[®], Outlook[®], Panamic[®] and Varilux Comfort[®]. Premium lenses are high-grade progressive lenses based on advanced technology and recent year, make and model of equipment used to develop them, as designed by the plan.



EyeMed
VISION CARE[®]

American General

Life Companies

Policy issued by:

American General Life Insurance Company of Delaware
Wilmington, Delaware
Policy Form Number C22438

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including American General Life Insurance Company of Delaware.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life Insurance Company of Delaware are its responsibility.

This is a summary only of products and services, which are subject to the terms, conditions, limitations and exclusions of the policy and certificate (also known as plan documents). A more complete description of the plan will be contained in the plan documents and the Summary Plan Description (SPD). If there is any discrepancy in wording between this document, the SPD and the plan documents, the wording in the plan documents will govern. This policy is subject to amendment, modification, revocation and termination, in whole or in part, at any time, with or without any notice. Any rates shown are based on the information provided at the time of quoting and are subject to adjustment.

When benefit changes occur, a Summary of Material Modifications (SMM) is provided, which is the notice you are entitled to receive under the Employee Retirement Income Security Act of 1974 (ERISA). To the extent this communication describes changes to some benefits, please consider it as the SMM for those benefits.

American General Life Insurance Company of Delaware does not solicit business in the state of New York. This group policy is situated in the state of New Jersey.

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