



January 15, 2007

PAM MACLEOD
FARM CREDIT FOUNDATIONS PLAN
SPONSOR COMMITTEE,
375 JACKSON
SAINT PAUL, MN 55101

**RE: FARM CREDIT FOUNDATIONS PLAN SPONSOR COMMITTEE, GROUP
#12301177
JANUARY 1, 2007 DOCUMENTS**

Attention Pam Macleod:

Enclosed are your JANUARY 1, 2007 documents.

This new document supersedes any existing document you have with VSP. If you have any questions, or need additional information, please do not hesitate to contact us at 866-213-2249, and a VSP representative will assist you.

Enclosures



VISION SERVICE PLAN INSURANCE COMPANY
3333 QUALITY DRIVE
RANCHO CORDOVA, CALIFORNIA 95670

GROUP VISION CARE POLICY

Group Name **FARM CREDIT FOUNDATIONS PLAN SPONSOR
COMMITTEE**

Policy Number **12301177**

State of Delivery **MINNESOTA**

Effective Date **JANUARY 1, 2007**

Policy Term **TWENTY-FOUR (24) MONTHS**

Premium Due Date **FIRST DAY OF MONTH**

In consideration of the statements and agreements contained in the Group Application and in consideration of payment by the Group of the premiums as herein provided, VISION SERVICE PLAN INSURANCE COMPANY ("the Company") agrees to insure certain individuals under this Group Vision Care Policy ("Policy") the benefits provided herein, subject to the exceptions, limitations and exclusions hereinafter set forth. This Policy is delivered in and governed by the laws of the state of delivery and is subject to the terms and conditions recited on the subsequent pages hereof, which are a part of this Policy.

Gary Brooks, Senior Vice President, Operations

**VISION SERVICE PLAN INSURANCE COMPANY
GROUP VISION CARE POLICY
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**VISION SERVICE PLAN INSURANCE COMPANY
GROUP VISION CARE POLICY**

**SECTION I.
DEFINITIONS**

Key terms used in this Policy are defined and shall have the meaning set forth as follows, unless the context of a term's usage clearly requires otherwise:

- 1.01. ADMINISTRATIVE SERVICES PROGRAM:** A group vision care plan whereby Group pays the Company for the Plan Benefits in addition to a monthly administrative fee.
- 1.02. ANISOMETROPIA:** A condition of unequal refractive state for the two eyes, one eye requiring a different lens correction than the other.
- 1.03. BENEFIT AUTHORIZATION:** Authorization issued by the Company identifying the individual named as Insureds of the Company, and identifying those Policy Benefits to which Insured is entitled.
- 1.04. CONFIDENTIAL MATTER:** All confidential or personal information concerning the medical, personal, financial or business affairs of Insured acquired in the course of providing Plan Benefits hereunder.
- 1.05. COPAYMENTS:** Those amounts required to be paid by or on behalf of Insured for Plan Benefits which are not fully covered.
- 1.06. ELIGIBLE DEPENDENT:** Any legal dependent of an Enrollee of Group who meets the criteria for eligibility established by Group and approved by the Company in Section VI. of this Policy under which such Enrollee is covered.

1.07. **EMERGENCY CONDITION**: A condition, with sudden onset and acute symptoms, that requires the Insured to obtain immediate medical care, or an unforeseen occurrence calling for immediate, non-medical action.

1.08. **ENROLLEE**: An employee or member of Group who meets the criteria for eligibility specified under Section VI. Eligibility For Coverage.

1.09. **EXPERIMENTAL NATURE**: Procedure or lens that is not used universally or accepted by the vision care profession, as determined by the Company.

1.10. **GROUP**: An employer or other entity which contracts with the Company for coverage under this Policy in order to provide vision care coverage to its Enrollees and their Eligible Dependents.

1.11. **GROUP APPLICATION**: The form signed by an authorized representative of the Group to signify the Group's intention to have its Enrollees and their Eligible Dependents become Insureds of the Company.

1.12. **GROUP VISION CARE POLICY (also, "The Policy")**: The Policy issued by the Company in favor of a Group, under which its Enrollees or members, and their Eligible Dependents are entitled to become Insureds of the Company and receive Plan Benefits in accordance with the terms of such Policy.

1.13. **INSURED**: An Enrollee or Eligible Dependent who meets Insured's eligibility criteria and on whose behalf Premiums have been paid to the Company, and who is covered under this Policy.

1.14. **KERATOCONUS**: A development or dystrophic deformity of the cornea in which it becomes coneshaped due to a thinning and stretching of the tissue in its central area.

1.15. **MEMBER DOCTOR:** An optometrist or ophthalmologist licensed and otherwise qualified to practice vision care and/or provide vision care materials who has contracted with the Company to provide vision care services and/or vision care materials on behalf of Insureds of the Company.

1.16. **NON-MEMBER PROVIDER:** Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with the Company to provide vision care services and/or vision care materials to Insureds of the Company.

1.17. **PLAN ADMINISTRATOR:** The person specifically so designated on the application, or if an administrator is not so designated, the Group. The Plan Administrator shall have authority to control and manage the operation and administration of the Policy on behalf of the Group.

1.18. **PREMIUMS:** The payments made to the Company by Group on behalf of Insured to entitle him/her to Plan Benefits, as stated in the Schedule of Premiums attached hereto as Exhibit B.

1.19. **RENEWAL DATE:** The date on which the Policy shall renew, or expire if proper notice is given.

1.20. **SCHEDULE OF BENEFITS:** The document, attached hereto as Exhibit A, that lists the vision care services and vision care materials that Insured is entitled to receive by virtue of coverage under this Policy.

1.21. **SCHEDULE OF PREMIUMS:** The document, attached hereto as Exhibit B, which states the payments to be made to the Company by or on behalf of Insured to entitle him/her to Plan Benefits.

1.22. VISUALLY NECESSARY OR APPROPRIATE: Services and materials medically or visually necessary to restore or maintain a patient's visual acuity and health and for which there is no less expensive professionally acceptable alternative.