

# **SUMMARY REPORT**

## **FOCUS GROUP I**

*AR HIGH VOLUME USERS: 25% or More*

## **VISION EXPO EAST**

**New York, NY—March 24, 2007**

*Confidentially Prepared for Vision Council of America  
(Anti Reflective Committee)*

## **INTRODUCTION**

The Magnum Group, Inc. (“Magnum”), a San Francisco based business development and consulting services firm, was retained by Vision Council of America (“VCA”) to conduct a Focus Group of substantial users of Anti-Reflective Coatings (“AR”) during Vision Expo East in New York, NY. The Meeting was held on Saturday, March 24, 2007. The primary objective of this Focus Group was to obtain a better understanding and perspective of the EyeCare Professional’s (“ECP”) buying and prescribing process that takes place relative to selling and dispensing AR to his/her patients. The following Report will summarize our findings.

## **BACKGROUND & DEMOGRAPHICS**

The Focus Group participants were solicited by VCA over the course of approximately three weeks, using VCA’s data base of past Vision Expo East attendees and invitations sent via an Opticourier broadcast email service. We agreed that this group should be dispensing at least 25% of their Rx’s with an AR.

We requested, and VCA recruited from a demographically mixed group of individuals. The nine participants were from the following states:

1. Maryland
2. Arizona
3. Wisconsin
4. Illinois (2)
5. Colorado
6. Georgia
7. Ohio
8. Minnesota

There were two women and seven men—three were Optometrists and the balance were Opticians. All but one dispensed 25% or more of their Rx’s with AR and the nine practices ranged from a low of 17% to a high of 95% and averaged 50%. Their respective practices were located in both rural and metropolitan communities and varied in size from \$750,000 to \$5.5 million in yearly revenues; however, only five of the nine responded with specific figures.

Facilitating the meeting from The Magnum Group were Randy McDonald, Managing Director and Jim Grootegoed, Vice President of Optical Products and Market Analysis. The Focus Group lasted approximately 1.5 hours, plus an additional 15 minutes to complete a Questionnaire on their practices and buying experience. (Please Refer to Addendum A for specific Practice responses.) Each member was provided an honorarium in the form of a \$200 gift certificate for their time and participation.

## INTERFACING WITH THE LABS

Our first inquiry was to determine the AR buying habits of the EyeCare Professional (“ECP”). We found the following:

- Where Does the Patient AR Sale Begin?—It was unanimous...all of our participating ECP’s agreed that it began in the Exam Room with the Doctor’s recommendation.
- ECP Ordering—The ECP’s also stated that their decision as to which AR product to purchase for a particular patient begins with the “LENS” selection. They understand that the AR Coating and the lens must work together. As a result these ECP’s specify which AR Coating they want applied on each Rx, and claim that they use multiple Labs in order to facilitate this preference.
- AR Quality—With a couple of minor complaints about “smudging”, these ECP’s were generally pleased about the overall quality of AR. However, they stressed that until “one or two years ago” they had many disappointing experiences with their local Wholesale Labs, and generally used National Labs, because they had fewer problems.
- AR Turnaround—Most stated that the average time to coat a lens was five to seven (5-7) days. A couple people provided examples of Labs (Walman & Hoya) that could do it in three days, but this may have been due to local (geographic) lab performance. All agreed that three to four (3-4) days would be optimum. However, all admitted that a faster turnaround time would not increase their AR dispensing strategies or practice policies. (Note: One ECP had installed an Optical Dynamics Fast Cast system with AR to help improve delivery times. This was also the individual that had slipped in under the 25% minimum requirement to participate in this Focus Group, so we discounted this data point as insignificant because even with the Casting System with AR capability, he was still only dispensing 17% of his Rx’s with AR.)
- Pricing—This was clearly the ECP’s biggest Lab complaint. They felt that the AR product was expensive and that with their normal mark up this put the cost of AR out of reach for some patients—particularly those patients living in economically depressed areas or on fixed incomes.
- Bundling—All but one ECP are already “bundling” AR with the total cost of the “Lens Package” to their patients. The one ECP that does not offer “bundling” stated that he liked to “customize” each Rx for his patients. The group did not believe that having a “bundled package” that included AR from the Lab was

necessary or would cause them to dispense more AR product. In this group, only one Lab was providing “AR Bundling.”

- Warranties—Several ECP’s noted that their Labs are now stricter on Warranty Enforcement... And in turn, the ECP’s are also starting to get tougher with their patients, including creating a Deductible Policy for second offenses. One ECP said he used a \$35 deductible and immediately noticed that those bothersome little scratches were no longer such an issue for some of his chronically warranty prone patients...

## **PRACTICE STRATEGY & MARKETING**

These successful ECP’s generally agreed that AR was a standard of practice, and “best” for their patients. Nobody saw it as a “Practice Builder”—they had already accepted AR as an integral part of their business. In addition, the Focus Group Participants were generally aware of the success of AR in large US based retail chains and in Europe and Japan.

When we drilled down we anecdotally discovered that there was a range of marketing strategies employed in their respective Practices. This is what we found:

- AR Selection—As previously noted, all but one practice offered a Bundled Approach to AR dispensing and believe that the AR Coating selection process is driven by the LENS. They stressed the importance of putting a premium AR Coating on a premium lens.
- Staff Compliance—All Participants claimed that their staff wore AR lenses in their practices. One participant reported that he wears one lens with AR and one without and finds that patients often spot the difference before he can bring it up. Another participant requires every employee to wear spectacles—with AR—whether they need glasses or not.
- Patient Prejudice—Many reported that some patients refused AR because they had tried it in the past and didn’t like it. When we pushed them, they stated that they tried to educate the patients that AR technology had advanced and that current products were superior to what they were two years ago. Sometimes this worked and sometimes it did not...
- Money Back Guarantee—Most offered a money back guarantee, and found that it was the cost of doing business and that it helped offset patient fear about previous AR problems. However, they also noted that patient *good will* was the most important objective to them and that when they had an unhappy AR patient and replaced the lenses free of charge, it often lead to selling the patient an extra pair of spectacles...

- Marketing Tool—One practice (who claimed a 95% AR dispensing success) uses AR as a Marketing Tool by providing AR to all of his patients whether they buy it or not. He only stocks AR coated lenses and it is easier to go ahead and dispense what he has versus submitting a special order to his lab. If the patient does not want AR coating, he tells the patient (while dispensing) that he feels that this product is so important to their visual well being that he is going to pay for it “this time” so that the patient can get the benefit of AR and he then converts them the next time they buy a pair.
- Children—Only a small percentage of children are dispensed with AR, because it is not perceived as a durable coating for children. The same was noted for construction and farm workers.
- Sunglasses—All Focus Group Participants dispensed Sun Wear, but AR was not seen as a big market, when used, only on the back-side (of the lens) because of transmission issues.
- Spiffs—This was probably the most controversial discussion of our session. It was a polarizing topic. The ones that hated it—usually the OD’s, were adamantly against the *under the table* tactics of some labs in paying ECP employees with cash, DVD Players, and other gifts. One had caught an employee accepting such gifts without telling him and fired him/her with the explanation to the group that if they were doing this behind his back, then “What else are they lying about?” Others were OK with Spiff Programs as long as the Lab or Lens Manufacturer limited it to initial product introductions, and ran it through the Practice where the ECP could use the “prize money” for staff parties, to hand out to all employees, etc. In other words, the ECP wants the practice control.
- Pricing—Most ECP’s in this Group were selling AR to their patients for \$100—the range was from \$70 to \$120. Interestingly, the ECP selling for \$70 made the decision on the spot that he was going to adjust his Fee Schedule upward as soon as he got back to his office.
- Point of Purchase (“POP”)—This was a luke warm topic—nobody seemed too excited about getting more posters, brochures or Counter Placards for their offices. Several made the comment that an AR sale was not made with a brochure—one commented that, “...only Engineers read brochures.”
- Demo Kits—The ECP’s liked these...it helped them to sell AR. The “Donut” was one mentioned by several.
- Eyemaginations—WOW! Four of our ECP’s were using this tool to demonstrate “Good, better, best.” They raved about its positive impact on patients.

- Direct Mail—All fondly remembered the “Teflon” campaign, and particularly that the manufacturer actually put the ECP’s name on the Direct mail piece.
- Consumer Advertising—The “Winky” campaign was also a fond memory—one of the ECP’s even mimicked the ad by exaggerating the winking of his own eye...It was clear that this kind of consumer effort was effective.
- Quote of the Day—One of the Participants reported that Zeiss had suggested a KISS (“Keep it Simple Stupid”) approach to patient communication on the advantages of AR: “AR provides crisper/clearer vision.” He noted that as soon as their staff adopted this slogan, their AR sales increased (“overnight”) 10%.
- Other Suggestions—They were interested in a DVD that could be played in the waiting room without sound—just captions was the preferred choice—for patient education

**How Do You Find Out Information About Different AR Products?** We asked them to rank from order of importance (1 to 8, with one being the least important and 8 being the most important) the following:

<u>SOURCE</u>	<u>AVERAGE</u>	<u>RANGE</u>
Wholesale Lab	5.9	2-8
Word of Mouth	5.7	2-8
Magazine Articles	5.3	3-7
AR Coating Lab Rep	4.9	1-8
Magazine Advertisement	4.8	3-7
Convention/ Conference	4.6	3-8
Internet	2.4	1-8

## What are the Primary Tools Used in Selling AR in Your Practice?

(Scale of 1 to 10, with “10” being most important, and “1” being least important).

<u>PRIMARY TOOLS</u>	<u>AVERAGE</u>	<u>RANGE</u>
Recommendation from Doctor	9.9	9-10
Dispensers wear AR	8.4	1-10
Other (4 respondents—Eyemaginations)	8.3	7-9
Demonstrator/Demo Lenses	8.1	5-10
Bundle	7.3	2-9
Good/Better/Best Presentation	6.8	4-9
Brochures	2.0	1-8

## TECHNOLOGY

We wanted to get a feeling for ECP perspective on AR technology. As previously noted, the overall belief was that the Industry had cleaned up its act over the last 12 to 24 months, and that they were comfortable and confident when they dispensed the product from their local Lab, or from a major manufacturer. They had the following comments.

## What Are the Primary Problems You Have Encountered with AR Coatings?

(Scale of 1 to 10, with “10” being most important, and “1” being least important).

<u>PROBLEMS</u>	<u>AVERAGE</u>	<u>RANGE</u>
Cleaning	7.0	2-10
Price Resistance	6.4	3-10
Too Hard To Explain	5.6	5-7
Cracking/ Crazing	5.4	2-10
Scratching	4.0	2-8
Not Needed By Patient	4.0	1-6
Warranties	3.2	1-7

(Note: Three respondents did not have any significant problems with AR!)

- Top Coatings—We discussed the pros and cons of Hydrophobic and Oleophobic coatings. Most of our participants knew the difference, but the major discussion was on the difficulties of edging Oleophobic lenses due to slippage. Our 95% (AR usage) Dispenser said that he “despised” using the product, and had just damaged a \$150 pair of lenses the day before and tended not to use them. Most noted that they sent Oleophobic lenses to their Lab to be edged so that they didn’t have to deal with them.

(Note: Those that were edging typically relied on their AR coating vendor to recommend an appropriate pad. However, they were still generally dissatisfied as pads tended to be product specific and when used with another oleophobic lens, such as a finished uncut, they did not always perform equally. The ECP's were not aware of the product specificity which created the problems but this also provides for a communication opportunity from AR Vendors/VCA.)

### What Performance Do You Look For In AR?

(Ranked from 1 to 8 with one being less important and eight being most important.)

PERFORMANCE ISSUES	AVERAGE	RANGE
AR Performance (99%+)	7.7	5-8
Ease of Cleaning	5.6	3-8
Warranty	5.4	3-8
Resistance to Smudging	5.1	3-8
Scratch Resistance	4.9	2-8
Anti-stat Properties	4.6	1-8
Color	3.8	1-7

### EDUCATION

We wanted to understand if there was anything else that could be done by the manufacturers or VCA to get these current users to dispense more AR products?

Panel Discussion—All agreed that our Focus Group Q & A format would be beneficial in an auditorium setting so that a larger group could take advantage of what they had experienced during their Focus Group Session. One OD even commented that he should have paid us to participate—“I am going back to my practice and will immediately implement four or five things that I learned today...” (Note: He still left with his Gift Certificate...) Others made similar comments and even exchanged contact info so that they could stay in touch. However, it was also stated by several participants that very few dispensers actually attend conferences, so doing a VCA Focus Group would not reach many people.

Regional Meetings—We did get support on holding VCA sponsored (not AR Industry) Regional or Local Focus Group(s) for those that cannot attend a major trade show. ECP's want a balanced/educational overview with real users—similar to what was accomplished during Vision Expo East. They do not want Company or Industry indoctrination.

Webinars—We explored the possibility of sponsoring Webinars, and got general *push-back* that they don't have enough time in their busy practices to participate...

## SUMMARY

Overall, there were several *takeaways* from these 25% + AR Users: First, these Buyers are educated and believe in the advantages of the technology—for the most part they bundle AR with their lens sales. Second, they are no longer concerned with previous AR issues—cracking, crazing, cleaning, etc.—the quality is there; however, they remain frustrated with edging oleophobic lenses. Third, they are doing the basic things to promote AR in their practices—using the doctor in the Exam Room to introduce the patient, using demo products, Eyemagination, etc. They would support additional Consumer Advertising and direct mail because they have seen previous results. Finally, they are open to additional education—but, they don't want to do it during practice hours.

## CONCLUSION

These *High Volume* Users have already accepted AR as a Standard of Care for their practices. They were very conversant, engaged and open to learning from each other to further grow their AR business. They traded contact information, they stayed after the Focus Group session to ask questions and they were enthusiastic. It is an old sales adage—***80% of your business comes from 20% of your Customers***—in our opinion, these “Customers” are where the AR Committee should be developing programs to build upon the strengths of the product and to capitalize on the commitment of these High Volume users.

# **SUMMARY REPORT**

## **FOCUS GROUP II** *LOW VOLUME AR USERS: 25% or Less*

### **VISION EXPO EAST**

**New York, NY—March 24, 2007**

*Confidentially Prepared for Vision Council of America  
(Anti Reflective Committee)*

## **INTRODUCTION**

The Magnum Group, Inc. (“Magnum”), a San Francisco based business development and consulting services firm, was retained by Vision Council of America (“VCA”) to conduct a Focus Group of *Low Volume* Users of Anti-Reflective coatings (“AR”) during Vision Expo East in New York, NY. The Meeting was held on Saturday, March 24, 2007. The primary objective of this Focus Group was to obtain a better understanding and perspective of the EyeCare Professional’s (“ECP”) buying and prescribing process that takes place relative to selling and dispensing AR to his/her patients. The following Report will summarize our findings.

## **BACKGROUND & DEMOGRAPHICS**

The Focus Group participants were solicited by VCA over the course of approximately three weeks, using VCA’s data base of past Vision Expo East attendees and invitations sent via an Opticourier broadcast email service. We agreed that this group should be practices dispensing less than 25% of their Rx’s with an AR coating.

We requested, and VCA recruited from a demographically mixed group of individuals. The five (of eight invited) participants were from the following states:

1. New York
2. Pennsylvania (2)
3. Florida
4. California

All the participants were men—four were Optometrists and the fifth an Optician. All dispensed between one percent (1%) and 20% of their Rx’s with AR averaging 11%. Their respective practices were located in both rural and metropolitan communities and varied in size from \$200,000 to \$4.0 million in yearly revenues

Facilitating the meeting from The Magnum Group were Randy McDonald, Managing Director and Jim Grootegoed, Vice President of Optical Products and Market Analysis. The Focus Group lasted approximately 1.5 hours, plus an additional 15 minutes to complete a Questionnaire on their practices and buying experience. (Please Refer to Addendum A for specific Practice responses.) Each member was provided an honorarium in the form of a \$200 gift certificate for their time and participation.

## **INTERFACING WITH THE LABS**

Our first inquiry was to determine the AR buying habits of the EyeCare Professional (“ECP”). We found the following:

- Where Does the Patient Sale Begin?—Unlike the *High Volume* Group, only three of the five participants felt that dispensing from the chair was the most effective method to sell and educate a patient on AR. One participant felt that brochures were the most useful method to communicate with his patients. This discussion, and others, left the

distinct impression that they would grudgingly offer AR if the patient insisted on it. The following comment summarized the sentiment...“Every minute recommending products (from the chair) takes away from refraction time.”

- ECP Ordering—This group of ECP’s don’t think AR., don’t promote AR and are not particularly Brand driven generally leaving it up to the Lab. Brand awareness was significantly lower than in the *High Volume* Group as well. The (perceived) warranty offered by the AR coater was an important factor in their choice.
- AR Quality—This *Lower Volume* Group didn’t like much of anything about AR lenses and generally reflected the general perceptions of four+ years ago. Cracking & Crazing, High Cost and Hard to Clean led the complaints closely followed by Scratching and Poor Warranties. Interestingly, Too Hard to Explain and Not Needed by the Patient were not problems.
- AR Turnaround—Most stated that the average time to receive a lens back was three days with one noting seven, but on average, two days faster than the *High Volume* Group... All felt that a faster turnaround time would increase their use of AR with one demanding one day service.
- Bundling—Was not an option for this group with the exception of one that always offered AR with high index lenses (possibly because most all finished high-index is only available with AR).
- Pricing—This was considered an impediment to the sale by all. The *High Volume* dispensers generally priced their AR lenses around \$100. This group priced AR lenses significantly lower ranging from \$55 to \$80 for “regular” AR, with an average of \$63, with three charging more for the premium AR coatings averaging \$93 with a range of \$90 to \$100.
- Warranties—As noted above, coating choices were often dictated by the perceived warranty offered by the coating facility. When we mentioned that many coaters offer one and two year warranties, they were genuinely surprised.

## **PRACTICE STRATEGY & MARKETING**

This group generally looked at AR as a necessary evil to be ignored if possible. Their level of understanding of the products performance and benefits was abysmal. All they saw were the problems.

When we asked, we found a variety of barriers:

- AR Selection—This was generally not a consideration in the dispensing experience. One ECP offered that he did recommend AR for all his post-LASIK patients as he felt

- it minimized glare. Another, with high-index lenses. Another, if the patient was complaining of poor night vision.
- Staff Compliance— The notion that staff could wear AR in the office was a revelation to this group. The percentage of staff compliance is shown as follows and reinforces the fact that this group generally does not believe in promoting AR: 67%, 50%, 50%, “Some” and “None.”
  - Patient Prejudice—Many reported that some patients refused AR because they had tried it in the past and didn’t like it. This group was perfectly happy to leave it at that. Not one tried to counter that prejudice, or educate the patient that technology had changed... One participant noted that he didn’t wait for the patient to complain, that he looked at the surface and if it were scratched at all, he wouldn’t recommend it again.
  - Money Back Guarantee—Though they would stand behind their product with their patients, not one member of this group thought to use it to reinforce the product sale.
  - Marketing Tools—This Group DID NOT MARKET AR LENSES. PERIOD. If anything, they market against AR.
    - “There are too many products I’d rather sell than AR.”
    - “AR has the worst profit margin of anything I offer.”
    - “I’m in farm country. Why create problems?”
    - “It’s hard to justify the cost.”
    - “It’s the last option I offer [and by then, the glasses are already too expensive].”
  - Children—AR was not considered for children/young adults as “...they abuse their glasses too much.”
  - Sunglasses—All dispensed sunwear, but AR was not considered as people abuse their sunwear more than normal glasses placing them in purses, on tables, sun visors in the car, etc.
  - Spiffs—This group did not have as much of a problem with spiffs as the *Large Volume* Group noting that it was a great way to “prime” a new product on a temporary basis. (Editorial: The more we talked, the more it became evident that this group was generally just not involved. Some were unaware that spiffs were even being used.)
  - Pricing—As noted above, this group priced AR lenses significantly lower than the *High Volume* Group, averaging about \$35 less. (Editorial again: They don’t believe in the product so they felt uncomfortable justifying a higher price.)

- Point of Purchase (“POP”)—Essentially, “If I promote AR, I might sell some and it’s only going to lead to problems.” When necessary, demo lenses were the preferred device to aid the sale.
- Direct Mail—None were aware of the “Teflon” campaign nor any other direct marketing promotions.
- Consumer Advertising—They were unaware of any consumer advertising but felt that this was absolutely necessary to increase AR sales. “Patients come in and ask for those lenses that change color.” As long as the patient was pre-sold, they were happy to provide AR.
- Quote of the Day—One of our participants noted, “With blue collar workers, why recommend AR and shoot yourself in the foot.”
- Other Suggestions—Anything that would convince the patient to come into their practice and ask for AR... Consumer advertising was heartily endorsed. They also liked the idea of a direct mail brochure, and improved warranties (i.e., “...a non-adapt warranty as is given with PAL’s.”)
- VCA—We asked specifically what VCA could do. They suggested that a “Lunch and Learn,” sponsored meeting by the industry, at Vision Expo would be valuable.

**How Do You Find Out Information About Different AR Products?** We asked them to rank from order of importance (1 to 8, with one being the least important and 8 being the most important) the following:

SOURCE	AVERAGE	RANGE
Word of Mouth	5.2	3-8
Convention/ Conference	5.0	3-7
Magazine Article	4.8	2-8
Magazine Advertisement	4.0	1-7
AR Coating Lab Rep	3.4	1-6
Wholesale Lab	3.2	1-6
Internet	3.2	2-5

## What are the Primary Tools Used in Selling AR in Your Practice?

(Scale of 1 to 10, with “10” being most important, and “1” being least important).)

PRIMARY TOOLS	AVERAGE	RANGE
Recommendation from Doctor	8.8	6-10
Demonstrator/ Demo Lenses	7.5	7-9
Dispenser wear AR	5.8	1-8
Good/ Better/ Best Presentation	5.0	1-9
Brochures	4.5	1-10
Bundle	4.3	2-7

## TECHNOLOGY

We wanted to get a feeling for their perspective on AR technology. This group was stuck in the introductory stages of AR lenses with all those problems still being seen daily. Generally they were not familiar with changes in technology, nor even the terms hydrophobic or oleophobic or the benefits those top-coatings provided to the user (with the exception of one who edged and hated the oleophobic lenses). They essentially were not interested in learning about the product. During the discussion, we would occasionally “correct” a statement noting that we would be happy to stay after the session to answer more questions or explain more fully. Because our line of questioning contrasted some of their answers to the *High Volume* Users, several participants noted that they might be missing something... But, at the end of the session, they basically couldn’t wait to collect their check and leave anything associated with AR in the meeting room.

## What Are the Primary Problems You Have Encountered with AR Coatings?

(Scale of 1 to 10, with “10” being most important, and “1” being least important).

SOURCE	AVERAGE	RANGE
Cleaning	7.6	5-10
Crazing/ Cracking	7.6	6-10
Price Resistance	7.0	4-9
Scratching	6.4	3-10
Warranties	6.4	3-10
Too Hard To Explain	3.4	2-5
Not Needed By Patient	3.2	1-5

\*All respondents had—and continued to have—significant problems with AR!

- Top Coatings—This *Low Volume* Group was represented by only one participant edging and the Laboratory he typically used for AR offered five (!) different products. He also used AR finished single vision lenses that most likely weren't the same brand as the Lab provided. He therefore had a number of variables and was frustrated because the pads worked most the time, but not all the time. Again, we believe that the Labs and the ECP's need to be better educated by the AR Industry about the fact that there are different pads that work better for specific coatings.

## What Performance Do You Look For In AR?

(Ranked from 1 to 8 with one being less important and eight being most important.)

PERFORMANCE ISSUES	AVERAGE	RANGE
AR Performance (99%+)	7.7	6-8
Ease of Cleaning	5.8	4-8
Resistance to Smudging	5.3	4-7
Warranty	5.1	2-7
Scratch Resistance	4.7	2-8
Anti-stat Properties	3.5	1-4
Color	3.3	2-7

## EDUCATION

VCA—As long as the course was free (and lunch provided) they might attend.

Webinars—We explored the possibility of sponsoring Webinars, and basically got *push-back* that Webinars were never available when they were.

In a nutshell, they were not really interested in learning anything more about AR.

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## SUMMARY

The old adage that “Your Best Customers are Your Best Customers” and “80 percent of your business is from 20 percent of your customers” couldn't have been reinforced more by the disparity of the groups. The *High Volume* user group was involved, educated, enthusiastic and believed in AR. The *Low Volume* Groups was detached, unaware, couldn't care less and did not believe in AR...nor were they particularly motivated to change. They have formed their opinions and were not overly enthusiastic about changing. They had the “once burned twice cautious” personality.

## **CONCLUSION**

This Group was largely content with the status quo relative to AR dispensing in their practices. Even though we provided specific contrasts and success stories from the *High Volume* Group, they “didn’t get it...” Our conclusion: The AR Industry needs two different marketing strategies specifically targeted to the diverse needs of High Volume vs. Low Volume Users.