

# LIFEMAP EXPRESS GROUP VISION COVERAGE

## Insurance options for groups of 2 to 9

LifeMap Assurance Company® has partnered with Vision Service Plan® (VSP) to provide your employees with valuable vision care coverage at affordable group rates. Employees are free to visit any provider of their choice; however, VSP Choice Network Providers offer greater savings.

VSP Choice Vision	
<b>Benefit Options</b>	
Exam Copay	\$0 or \$10*
Frames / Elective Contact Lens Allowance	\$130 or \$150*
Frames Allowance Frequency	12 or 24 months*
Child coverage from birth to age 26 for unmarried children	
Domestic partners covered at your option and when required by the state	
<i>*premium amounts vary depending on the benefit selected</i>	
<b>In-network Benefits</b>	
Hardware Copay	\$25
Well Vision Eye Exam	Covered in Full* Every 12 months
Lenses Single Vision Lined Bifocal Lined Trifocal	Covered in Full* Every 12 months
Low Vision Testing	Covered in Full*
*After any applicable copayment due from member	

Employer Contribution Level	
<b>Employer Paid</b>	
<b>Contribution</b>	<b>Participation</b>
100% Employer paid	100% required
75%-99% Employer paid	2 employees or 75% required, whichever is greater
<b>Voluntary</b>	
<b>Contribution</b>	<b>Participation</b>
0-74% Employer paid	5 employees required

**Underwriting guidelines for groups with 2 to 9 employees:**

- Group must be a business (or an offshoot of a business) that has been in existence for at least 3 months
- No more than 50% of the group members may be from the same family, unless each has been employed with the employer for at least two years
- One other employer-paid LifeMap product must be purchased
- Eligibility requirements: full time, active employee working a minimum of 30 hours per week
- One class is allowed

**Exclusions & Limitations**

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, including any direct complications or consequences that arise from them, as follows:

- Select lens options or coatings
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above the Allowed Amount.
- Expenses incurred prior to the Member's Effective Date under this Policy or after coverage under this Policy terminates.
- Medical or surgical treatment of the eyes.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a  $\pm .50$  diopter power).
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Two pair of glasses in lieu of bifocals

**Submit your quote request and census to [Express.Quote@LifeMapCo.com](mailto:Express.Quote@LifeMapCo.com)**



*This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for education purposed only. A copy of the full policy including all covered benefits, exclusions and limitations will be provided once a group master application is signed. Contact LifeMap with any questions.*