

Vision Insurance through VSP®

Express Group Coverage through LifeMap for effective dates 12/2017 and later.



For

Insurance for every step of life.

Plan Basics
Group Vision Coverage helps ensure you and your family get the care you need to maintain healthy vision. In partnership with VSP Choice Vision Network.
Eligibility Requirement
If you are a full-time active employee working a minimum of 30 hours per week you will be covered with these benefits.
If applicable, dependents must be a Legal Spouse, State Certified / Registered Domestic Partner (Oregon / Washington), and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.
Who pays for coverage?
Vision Insurance premiums may be paid for solely by your employer. If you are sharing the cost with your employer, your portion of the monthly premium will be deducted directly from your paycheck.
VSP Choice Network
The VSP Choice network provides world-class services from high-caliber doctors. To find a provider near you, visit us at www.LifeMapCo.com/find-provider .
Extra Savings and Discounts
Additional Glasses and Sunglasses 20% off from any VSP doctor
Retinal Screening Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam
Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Plan Summary			
Benefit	Description		Copay
WellVision Exam	Every 12 months		
Frames Every	<ul style="list-style-type: none"> Allowance 20% off amount over allowance 		\$25 for frame and lenses
Lenses Every 12 months	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 		
Elective Contacts (Instead of glasses) Every	<ul style="list-style-type: none"> Allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) 		\$25
Coverage Outside the VSP Choice Network			
Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frames	up to \$70	Elective Contacts	up to \$105
Single Vision Lenses	up to \$30	Low Vision Test	up to \$125
Lined Bifocal Lenses	up to \$50		
Limitations and Exclusions			
<p>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:</p> <ul style="list-style-type: none"> Select lens options or coatings Experimental corrective vision treatment Costs for services and/or materials above the Allowed Amount Expenses incurred prior to the Member's Effective Date under this Policy or after this Policy terminates Medical or surgical treatment of the eyes Orthoptics or vision training and any associated supplemental testing Plano lenses (less than a ± .50 diopter power) Replacement of lenses and frames 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 			

www.LifeMapCo.com

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