

Vision Coverage

Insurance options for groups of 2 to 25

LifeMap Assurance 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	
Benefit Options	
Exam Co-Pay	\$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 are covered at your option and when required by the state	

*Premium amounts vary depending on the benefit selected

In-Network Benefits	
Hardware Copay	\$25
Well Vision Eye Exam	Covered in full* Every 12 months
Lenses <ul style="list-style-type: none"> • 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	
Contribution	Participation
Employer Paid	
100% Employer paid	100% participation required
75% to 99% Employer paid	2 employees or 75% required, whichever is greater
Voluntary	
0-74% Employer paid	5 employees required



Small Group Vision Coverage

Underwriting Guidelines for Groups with 2-25 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
- **For groups of 2 to 9 employees**, one other employer-paid LifeMap product must be purchased to offer Voluntary Vision
- Eligibility requirements: full time, active employee working a minimum of 30 hours per week
- One class is allowed

Limitations and Exclusions

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
SmallGroup@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 educational purposes 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.

