

Insurance for every step of life.

# **LifeMap Choice Vision Insurance**

In partnership with VSP®

## For Willapa Behavioral Health - July 2022

## How the Plan Works

Schedule that annual eye exam and know you're doing good for your body, and with this coverage it won't hurt your wallet. And if you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames.

#### • Eligibility Requirement

If you are a full-time active employee working a minimum of 20 hours per week, you will be covered with these benefits.

#### · Who pays for the coverage?

Vision Insurance premium is paid by you, the employee, through payroll deduction.

#### • Trusted network

The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.

o Network: VSP Choice Network

Visit <u>www.LifeMapCo.com/find-provider</u> to find a provider near you.

In-Network Benefits Summary				
Benefit	Description	Copay		
WellVision Exam	<ul><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>	\$0		
Frame	<ul> <li>\$150 allowance for a wide selection of frames; or</li> <li>\$80 allowance for frames when services are received from a VSP approved wholesale/retail vendor</li> <li>20% off amount over allowance</li> <li>Every 12 months</li> </ul>	\$25 For frame and lenses		
Lenses	<ul> <li>Single vision, lined bifocal, standard progressive and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>			
Elective Contacts	<ul> <li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% off contact lens exam (fitting and evaluation)</li> <li>In lieu of Frame and Lens or Necessary Contacts benefits</li> <li>Every 12 months</li> </ul>	\$0		
Necessary Contacts	<ul> <li>Covered in Full</li> <li>Professional fees and materials</li> <li>In lieu of Frame and Lens or Elective Contacts benefits</li> <li>Every 12 months</li> </ul>	\$25		
Additional Coverage	Low vision testing			
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			
	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			

LifeMapCo.com 1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy exclusions, limitations or provisions. Please see your Certificate of Coverage for benefit details. LifeMap is not liable for any errors or omissions in this document. If there is any discrepancy between this document and the master policy, master policy provisions will prevail. Benefits may not be available in all states. Contact your Group Administrator if you have any questions.

LMA BENSUM VISION 26+ V4.21 LMA ID GCVIS P V20



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# **Coverage Outside the VSP Choice Network**

Visit vsp.com for details if you plan to see an eye doctor outside the VSP network.

Exam	up to	Lined Trifocal	up to
	\$45*	Lenses	\$65*
Frames	up to	Elective	up to
	\$70*	Contacts	\$105
Single Vision	up to	Necessary	up to
Lenses	\$30*	Contacts	\$210*
Lined Bifocal	up to	Low Vision Test	up to
Lenses	\$50*		\$125*

\*Copay may be applicable.

Monthly Rates			
Employee Only	\$7.65 per month		
Employee plus Spouse	\$15.33 per month		
Employee plus Child(ren)	\$16.36 per month		
Family	\$26.20 per month		

## **Limitations & 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 ± .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.

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