



Annual Product Details Benefits

Vision Underwritten by VSP Vision Care

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 24 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Contacts (in lieu of lens and frame benefits)	\$150 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)	\$105 allowance every 12 months for contacts and contact lens exam (fitting and evaluation)
Discounts & Savings		
<ul style="list-style-type: none"> • Average 25-30% savings on other lens enhancements • 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam. • Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. • Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

Call Group Insurance Inc. for more details - 1.800.375.1000