

Vision

BUENA VISTA COUNTY

Effective date: August 1, 2022



Vision for all members		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$10 copay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	1 pair per 12 months
Frames*	\$200 allowance for a wide selection of frames; 20% off amount over allowance ¹	1 set per 12 months
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation) \$200 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary contacts ²	\$10 copay Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	1 per 12 months Instead of lens and frames benefit
Lens enhancements ¹	\$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
Additional savings ¹	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

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Non-network providers		
Covered charges	Benefit ³	Frequency
Vision exams	Up to \$45	1 per 12 months
Single vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 12 months
Elective contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary contacts ²	Up to \$210	1 per 12 months Instead of lens and frame benefits

¹ Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.

² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

³ The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.

*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a \$110 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Highlights	
Participation	100% employee participation assumed
Eligibility	<p>Employee: Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.

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Limitations

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.

No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.

VSP is not a member of the Principal Financial Group.