

# VSP<sup>®</sup> Vision Care High Option Plan

## VSP Open Access Signature Plan C \$5 Copay

\$300 Retail Frame Allowance or \$300 Elective Contact Lens Allowance.

Progressive lens enhancement is covered in full after \$40 copay.

### With VSP Open Access you can select any provider nationwide

When you see one of the more than 34,000 doctors on the VSP Signature network, you'll pay only the \$5 copay for covered benefits.

You can also choose to see any out-of-network provider (see Open Access Reimbursement Allowances).

#### Your coverage with a VSP network doctor:

You'll enjoy a WellVision Exam<sup>®</sup> every 12 months, lenses, and frames every 12 months.

VSP C plans have a 12-month exam, 12-month lenses, and 12-month frame frequency.

	Signature Plan Copay	EE	EE + Spouse	EE + Child(ren)	EE + Family
VSP C	\$5.00 Copay	\$20.30	40.50	43.40	69.30

Rates Shown are valid from January 1, 2018 through December 31, 2019.

**VSP WellVision Exam<sup>®</sup>:** A WellVision Exam is more than just a quick eye check. It focuses on your eye health and overall wellness. VSP network doctors get to know you and your eyes. They take the time to look for vision problems and signs of other health conditions too.

**Prescription Glasses. Lenses:** Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are fully covered. Your dependent children are eligible for fully covered polycarbonate prescription lenses. **Frame:** When visiting a VSP network doctor you'll have a \$300 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % savings on the amount over your frame allowance. Costco<sup>®</sup> Optical allowance of \$165 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

**Contact Lenses:** Instead of eyeglasses (lenses and frame) elective contact lens materials are covered in full up to \$300 toward any type of prescription contact lenses. Necessary contact lenses are fully covered for those who have specific conditions for which contact lenses provide better visual correction. \$60 is the maximum a provider can charge to fitting and evaluation. *Contact lens frequency is the same as lenses.*

**Laser VisionCare Program:** We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Contact the centers near you to learn more about their pricing.

#### Value-Added Discounts:

**Glasses and Sunglasses** - All popular lens enhancements are covered after a copay, saving members an average of 35% - 40%. You also get 30% savings on additional pairs of prescription glasses and sunglasses (lenses and frame), including lens enhancements, from the same VSP doctor on the same day as your WellVision Exam, or get 20% savings from any VSP doctor within 12 months of your last WellVision Exam.

**Contact Lenses** - You get 15% savings on your contact lens exam.

**Low Vision Benefits and VSP Diabetic EyeCare Program** are also included. Please view a Certificate of Benefits for more details.

**Suncare Enhancement:** You can use your frame allowance toward non-prescription sunglasses from your VSP network doctor's frame board, exhausting both your lens and frame eligibility.

**How does the plan work? Find the right VSP doctor for you.** The VSP Signature Plan is a full-service plan with choice, flexibility and maximum value from VSP network doctor or participating retail chains. You'll find plenty to choose from at [vsp.com](http://vsp.com) or by calling **800-877-7195**.

**Already have a VSP network doctor?** At your appointment tell them you're a VSP member. That's it! VSP and your doctor handle the rest. Visit [vsp.com](http://vsp.com) to see your benefits anytime and check out how much you saved with VSP after your appointment.

**What if I select an out-of-network provider?** With VSP Open Access you can see any provider. However, you'll get the most out of your benefit when you see a VSP doctor. Plus, your satisfaction is guaranteed. If you see an out-of-network provider you'll typically pay more out-of-pocket. You'll pay the provider in full and have six months to submit a claim to VSP for partial reimbursement less copays. Before seeing an out-of-network provider call VSP Member Services at **800-877-7195**.

**VSP Out-of-network Reimbursement Amounts:** Exam: \$50.00. Materials: Single-vision lenses \$50.00; Bifocal lenses \$75.00; Trifocal lenses \$100.00; Lenticular lenses \$125.00; Progressive lenses \$75.00. Frame \$70.00. Contact Lenses (instead of lenses and frame; includes contact lenses, fittings, and evaluation only) Necessary: \$210.00; Elective: \$105.00

**VSP Plan Limitations:** The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames or contacts; medical or surgical treatment; and orthoptics, vision training or supplemental testing. The following items aren't covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; and contact lens modification, polishing or cleaning.

## DentalandVisionIns.com

Wolfpack Insurance Services 800-296-0192 FAX 650-591-4022 Lic 0814789

# DentalandVisionIns.com

Wolfpack Insurance Services, Inc

## Plan Rules

### **Wolfpack Insurance Services, [www.DentalandVisionIns.com](http://www.DentalandVisionIns.com), and the Small Business Benefit Plan Trust.**

We are Wolfpack Insurance Services, Inc. Our Web site address is [DentalandVisionIns.com](http://DentalandVisionIns.com) or [DVIns.com](http://DVIns.com).

We have established a small business group pool called the Small Business Benefit Plan Trust.

The Trust is fully insured by VSP Vision Care.

We have two pool renewal periods:

- Groups that enroll from January through June renew in January.
- Groups that enroll from July through December renew in July.

### **Eligibility**

Employers must enroll two or more full-time employees.

### **Contribution/Participation**

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan and 100% must participate if the employer contribution is 100% of the employee premium.

### **Benefit Selections**

We have a large variety of VSP plans available. As long as we have 75% of eligible employees enrolling, any size group can offer a base plan and a buy-up plan if they wish. Contribution will be based on the lower cost plan. The group may mix and match plans to suit their needs. The VSP C \$5 copay plan must have a minimum of 2 enrolling to be offered.

### **Voluntary VSP Plans are available**

Please contact us for rates on the VSP Voluntary B & C Plans. Rates can be found at [DVIns.com](http://DVIns.com). The voluntary rates are 16% higher than the contributory rates.

### **Employees**

All employees of the employer who are performing active work on a full-time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, and/or partners.

### **Dependents**

All eligible dependents must enroll on the original effective date. Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process. Eligible dependents include legal spouse or domestic partner and unmarried children to age 26. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc. Newborn children do not need to enroll until just before their first appointment, usually before age 4. Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

### **Effective date**

When a firm joins the Plan the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

### **Billing Questions**

Invoices are mailed on or about the 10<sup>th</sup> of the month prior to the coverage month and are due on the 25<sup>th</sup> of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees. The administration fee is reduced to \$0 if the group enrolls in automatic payment and emailed receipt of monthly invoices.

Enrollment materials are available for download at our Web site, [DVIns.com](http://DVIns.com). Phone: 800-296-0192

# VSP<sup>®</sup> Vision Care Plans

**With VSP Open Access you can select any provider nationwide**

When you see one of the more than 34,000 doctors on the VSP Signature network, you'll pay only the selected copay for covered benefits. You can also choose to see any out-of-network provider. (see Open Access Reimbursement Allowances).

## Your coverage with a VSP network doctor:

You'll enjoy an annual WellVision Exam®, lenses, and frames according to the schedule of benefits you purchase.

Choose your copay and frequency options:

**VSP A plan - 12-month exam, 24-month lenses, and 24-month frame frequency.**

**VSP B plan - 12-month exam, 12-month lenses, and 24-month frame frequency.**

**VSP C plan - 12-month exam, 12-month lenses, and 12-month frame frequency.**

	Signature Plan Copay Options	EE	EE + Spouse	EE + Child(ren)	EE + Family
VSP A	\$20 Exam/\$25 Materials	\$6.40	\$10.20	\$10.40	\$16.70
	\$25.00 Copay	\$9.30	\$14.80	\$15.10	\$24.30
	\$10.00 Copay	\$9.80	\$15.70	\$16.00	\$25.80
	No Copay	\$12.70	\$20.20	\$20.60	\$33.30
VSP B	\$10 Exam/\$25 Materials	\$9.90	\$15.80	\$16.10	\$25.90
	\$25.00 Copay	\$10.60	\$16.90	\$17.20	\$27.70
	\$10.00 Copay	\$13.20	\$21.20	\$21.60	\$34.80
	No Copay	\$14.90	\$23.80	\$24.30	\$39.10
VSP C	\$10 Exam/\$25 Materials	\$11.90	\$23.80	\$25.50	\$40.70
	\$25.00 Copay	\$12.30	\$24.50	\$26.20	\$41.80
	\$10.00 Copay	\$14.00	\$28.00	\$30.00	\$47.90
	No Copay	\$15.60	\$31.20	\$33.30	\$53.20

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**Prescription Glasses. Lenses:** Glass or plastic, single vision, lined bifocal or lined trifocal prescription lenses are fully covered. Your dependent children are eligible for fully covered polycarbonate prescription lenses. **Frame:** When visiting a VSP network doctor you'll have a \$175 allowance toward your frame. If you choose a frame over the plan's allowance you will receive a 20 % savings on the amount over your frame allowance. Costco® Optical allowance of \$95 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

**Contact Lenses:** Instead of eyeglasses (lenses and frame) elective contact lens materials are covered in full up to \$175 toward any type of prescription contact lenses. Necessary contact lenses are fully covered for those who have specific conditions for which contact lenses provide better visual correction. \$60 is the maximum a provider can charge to fitting and evaluation. *Contact lens frequency is the same as lenses.*

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