



Vision Benefits		VSP Network	Out-of-Network
Routine Vision Examinations	1 routine exam per member per calendar year	\$10 copay, then no charge up to the VSP doctor limit	\$10 copay then, no charge up to the \$45 Out-of-Network provider limit
Contact Lens Evaluation and Fitting Examinations	1 contact lens evaluation and fitting examination per member calendar year	\$60 copay	No charge up to the Out-of-Network provider limit
Vision Hardware	1 eyeglass frame per member per calendar year 1 pair of standard lenses or contact lenses per member per calendar year Elective contact lenses are in lieu of all other frame and lens benefits. When you receive contact lenses, you will not be eligible for any frames and/or lenses until the next calendar year	No charge up to the \$130 VSP provider limit or \$70 VSP approved wholesale/retail vendor limit	No charge up to the \$70 Out-of-Network provider frame limit or the following Out-of-Network provider limits. Standard lenses: \$30 single vision lens, \$50 lined bifocal or standard progressive lens, \$65 lined trifocal lens, \$100 lenticular lens Contact lenses: \$105 elective contacts or \$210 necessary contact lenses
Low Vision Benefit (supplemental testing)	\$1,000 limit (combined with supplemental aids) every two calendar years	No charge	No charge up to the \$125 Out-of-Network provider limit
Low Vision Benefit (supplemental aids)	\$1,000 limit (combined with supplemental testing) every two calendar years		25%

Pediatric Vision Benefits		VSP Network	Out-of-Network
Children's Eye Exam	Limited to 1 routine exam / year for individuals under age 19.	No Charge	50% coinsurance
Children's Glasses	Limited to 1 pair of lenses (2 lenses) and 1 frame / year for individuals under age 19. Frames from a VSP Doctor are limited to the Otis & Piper Eyewear Collection. In lieu of eyeglasses, you may choose from one of the following elective contact lens types: • Standard (one pair annually) • Monthly (six-month supply) • Bi-weekly (three-month supply) • Dailies (three-month supply)	No Charge	50% coinsurance

### Additional Discounts

You are entitled to receive a 20% discount toward the purchase of non-covered materials from any VSP Doctor when a complete pair of glasses is dispensed. You are also entitled to receive a 15% discount off of contact lens examination services from any VSP Doctor beyond the covered examination. Professional judgment will be applied when evaluating prescriptions written by an Out-of-Network provider. VSP Doctors may request an additional examination at a discount. Discount of 15%-20% or 5% off a promotion offer for laser surgery.

Discounts are applied to the VSP Doctor's usual and customary fees for such services and are unlimited for 12 months on or following the date of the patient's last eye examination. **THESE ADDITIONAL VALUABLE SERVICES ARE A COMPLEMENT TO THIS VISION PLAN, BUT ARE NOT INSURANCE.** Please refer to your benefits booklet or Summary Plan Description for complete details.

### Limitations

- discounts do not apply to vision care benefits obtained from Out-of-Network providers;
- 20% discount applies only when a complete pair of glasses is dispensed; and
- discounts do not apply to sundry items, for example, contact lens solutions, cases, cleaning products or repairs of spectacle lenses or frame.

This benefit summary provides a brief description of your plan benefits, limitations and/or exclusions under your plan and is not a guarantee of payment. Once enrolled, you can view your benefits booklet online at regence.com. **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND/OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.**

Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.



## NONDISCRIMINATION NOTICE

VSP provides administration for your Regence vision plan. Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Regence:**

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

### **VSP**

Medicare 1-844-872-6065  
Commercial 1-844-299-3041  
(TTY: 1-800-428-4833)

If you believe that VSP or Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance With our civil rights coordinator below:

### **Regence**

#### **Medicare Customer Service**

Civil Rights Coordinator  
MS B32AG, PO Box 1827  
Medford, OR 97501  
1-866-749-0355, (TTY 711)  
Fax: 1-888-309-8784  
medicareappeals@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F HHH Building  
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/lile/index.html>.

#### **Customer Service for all other plans**

Civil Rights Coordinator  
MS CS B32B, P.O. Box 1271  
Portland, OR 97207-1271  
1-888-344-6347, (TTY 711)  
CS@regence.com

**Languageassistance**

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## Language assistance

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