

Silver Vision Plan (12/12/24) \$10/\$25 COPAY

Plan Details

Participant **\$14.88**/mo

PlusOne **\$25.26**/mo

Family **\$38.80**/mo

Benefits

	Copay	Frequency
Eye Exam	\$10.00	every 12 months
Rx Glasses	\$25.00	Lenses: every 12 months (in lieu of contacts) Frames: every 24 months
Contacts	No Copay	every 12 months (in lieu of lenses)

Your Coverage from a VSP Doctor

WellVision® Exam \$10.00 Copay, available every 12 months

Prescription Glasses \$25.00 Copay

- Frames - available every 24 months
 - \$130 allowance for a wide selection of frames
 - 20% off amount over your allowance
- Lenses - available every 12 months
 - Single vision, lined bifocal, and lined trifocal lenses
 - Polycarbonate lenses for dependent children
- Lens Options - available every 12 months
 - Standard progressive lenses - \$55 Copay
 - Premium progressive lenses - \$95 - \$105 Copay
 - Custom progressive lenses - \$150 - \$175 Copay
 - Average 20% - 25% off other lens options

~OR~

Contact Lens Care No Copay, available every 12 months

- \$130 allowance for contacts and the contact lens exam (fitting and evaluation)
- 15% off contact lens exam (fitting and evaluation)

Extra Discounts and Savings

Glasses and Sunglasses

- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision® Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

Out of Network Benefits

If you see a non-VSP provider you will receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

Exam	up to \$34
Frame	up to \$38.25

Single Vision Lenses	up to \$17
Lined Bifocal Lenses	up to \$30
Lined Trifocal Lenses	up to \$43
Progressive Lenses	up to \$30
Contacts	up to \$100

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Plan Cost

	Monthly	Quarterly	Annually
Participant	\$14.88	\$44.64	\$178.56
PlusOne	\$25.26	\$75.78	\$303.12
Family	\$38.80	\$116.40	\$465.60

One time Non Refundable Processing fee: \$35.00

The stated rates above include a two dollar (\$2) per month billing fee and one dollar (\$1) per month fee for membership in the Benefits Association. Rates are guaranteed for a 12 month period, at which time rates may be subject to change. After your first renewal, the rates will be guaranteed for 12 months each year thereafter.

Methods of Payment

- Visa
- Mastercard
- Discover
- American Express
- Bankdraft

Plan Highlights

- Annual Examination: \$10.00 Copay
- Materials: \$25 Copay
- No deductibles
- No waiting periods
- No Copay for Contacts
- Your choice of network providers
- One pair of standard frames each 24 months
- One pair of single vision or standard lined multi-focal lenses (or) Contact lenses each 12 months
- Benefits provided In and Out of Network
- Discounts on Laser Vision Correction

Frequently Asked Questions

How do I know if my eye doctor is a VSP Provider?

Easy, simply call your eye doctor to see if they are in fact a VSP Provider, call VSP's customer service line at 800.877.7195, or visit our providers section and check it out for yourself.

What are the advantages of visiting a VSP Provider?

By visiting a VSP Provider you will be able to take full advantage of the benefits provided by this plan. Such as, the low co-payments for examinations and materials.

Does this plan have out of network benefits?

Yes, but you get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less co-pays. Before seeing a non-VSP provider, call us at 800.877.7195. You can see the out of network reimbursement amounts in the Plan Benefits section of the site.

What are my payment options?

Monthly bank draft or monthly credit card billing.

When will my checking account / credit card be drafted?

The initial draft plus the one-time, non-refundable \$35 enrollment fee will be deducted immediately upon completion of enrollment. Subsequent drafts will occur on the 18th of each month. Your statement will display "8888593795 Insurance".

When does my coverage begin?

If your enrollment form is received by the 20th, your coverage begins the first of the following month.

Who do I call for billing questions?

Morgan White at 888.859.3795

Who do I call for claims questions?

VSP at 800.877.7195. You can also check the status of claims and review your benefits at [VSP](#), by logging into the members section of the site.

Will I receive a renewal notice?

No. Once enrolled, the plan will continue unless you send a cancellation notice. All cancellations require a 30 day notice via email to individualchanges@morganwhite.com or by fax to (601) 956-3795.