

Lifestyle Vision Plans

Lifestyle Vision Plans has teamed up with VSP® Vision Care to provide you competitive vision plans specifically designed to complement our wellness-inspired group health benefits program. We all know that vision care and routine vision exams can assist with the early detection of serious diseases or conditions. Lifestyle Vision is your answer to competitive vision coverage, integrated into a program focused on prevention, lifestyle change and health improvement.

Our Vision Plans are designed to offer all that you and your family will need in terms of annual eye exams, lenses, frames and contact lenses. Lifestyle Vision offers you two cost-competitive plan designs with both In-network and Non-network benefits - in the same wellness-inspired spirit of our medical and dental programs.



2017 Standard Plans

Vision Plans	VSP VisionCare 120		VSP VisionCare 150	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
WellVision Exam® Annual Eye Exam	Every 12 Months \$10 Copay	Every 12 Months Up to \$45 Per Exam	Every 12 Months \$10 Copay	Every 12 Months Up to \$45 Per Exam
Prescription Glasses - Frames Standard Frame Allowance Featured Frame Brand Allowance Frames Purchased through Costco	Every 24 Months \$25 Copay, Up to \$120 \$25 Copay, Up to \$140 \$25 Copay, Up to \$70	Every 24 Months Up to \$70 Up to \$70 Up to \$70	Every 24 Months \$25 Copay, Up to \$150 \$25 Copay, Up to \$170 \$25 Copay, Up to \$70	Every 24 Months Up to \$70 Up to \$70 Up to \$70
Prescription Glasses - Lenses Single Vision, Lined Bifocal and Lined Trifocal Lenses Polycarbonate Lenses for Dependent Children	Every 12 Months 100% Covered 100% Covered	Every 12 Months Up to \$30, \$50 and \$65 (N/A)	Every 12 Months 100% Covered 100% Covered	Every 12 Months Up to \$30, \$50 and \$65 (N/A)
Lens Enhancements Standard Progressive Lens Allowance Premium Progressive Lens Allowance Custom Progressive Lens Allowance	Every 12 Months \$55 \$95 - \$105 \$150 - \$175	Every 12 Months Up to \$50 Up to \$50 Up to \$50	Every 12 Months \$55 \$95 - \$105 \$150 - \$175	Every 12 Months Up to \$50 Up to \$50 Up to \$50
Contacts Contact Lens Exam (fitting and evaluation) Contact Lens Allowance (instead of glasses)	Every 12 Months Up to \$60 No Copay, Up to \$120	Every 12 Months (N/A) No Copay, Up to \$105	Every 12 Months Up to \$60 No Copay, Up to \$150	Every 12 Months (N/A) No Copay, Up to \$105

NOTES:

- See summary plan document for coverage details and limitations.
- Benefit variances illustrated for both in-network and non-network benefits.
- In-network benefits provided by VSP Vision Care (Vision Service Plan).
- To find a VSP provider, visit vsp.com or call 1-800-877-7195.
- Visit vsp.com if you plan to see a provider other than an in-network provider.
- Non-network claims paid per benefit schedule for services at non-network optometry providers.
- Contact lenses are in lieu of other frame / lens benefits.
- Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.
- Plan benefits and rates are based on a minimum of 3 enrolled employees, and are not valid if the final enrollment is below the minimum threshold.
- Plan selection is limited to one plan design offered per employer group.
- Plan rate schedule effective from 5/1/17 through 12/31/17.

Underwritten by Midlands Casualty Insurance Company.
Benefits Administered by Vision Service Plan (VSP).

