



Insurance for every step of life.

LifeMap Choice Vision Insurance

In partnership with VSP®

Small Group Coverage

For _____

How the Plan Works

Schedule that annual eye exam and know you're doing good for your body, and with this coverage it won't hurt your wallet. When you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames.

- Eligibility Requirement**
 If you are a full-time active employee working the minimum number of hours per week as required by your employer, you will be covered with these benefits.
- Dependent Eligibility Requirement**
 Dependents must be a Legal Spouse and/or child(ren) up to age 26 of the covered employee to be eligible for coverage.
- Who pays for the coverage?**
 Vision Insurance premiums may be paid for solely by your employer, you might share the cost with your employer, or you might pay the premium in full, based on the plan chosen by your Employer.
- Trusted network**
 The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.
 - Network:** VSP Choice Network
 Visit www.LifeMapCo.com/find-provider to find a provider near you.

In-Network		
Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames; or \$80 allowance for frames when services are received from a VSP approved wholesale/retail vendor 20% off amount over allowance Every _____ months 	\$25 For frame and lenses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, standard progressive and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	
Necessary Contacts	<ul style="list-style-type: none"> Covered in Full Professional fees and materials In lieu of Frame and Lens or Elective Contacts benefits Every 12 months 	\$25
Elective Contacts	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) In lieu of Frame and Lens or Necessary Contacts benefit Every 12 months 	\$0
Additional Coverage	<ul style="list-style-type: none"> Low vision testing 	
Extra Savings and Discounts	Additional Glasses and Sunglasses 20% off from any VSP doctor	
	Retinal Screening Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam	
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. 	

LifeMapCo.com

1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy exclusions, limitations or provisions. Please see your Certificate of Coverage for benefit details. LifeMap is not liable for any errors or omissions in this document. If there is any discrepancy between this document and the master policy, master policy provisions will prevail. Benefits may not be available in all states. Contact your Group Administrator if you have any questions.

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Coverage Outside the VSP Choice Network

Visit vsp.com for details if you plan to see an eye doctor outside the VSP network.

Exam	up to \$45*	Lined Trifocal Lenses	up to \$65*
Frames	up to \$70*	Necessary Contacts	up to \$210*
Single Vision Lenses	up to \$30*	Elective Contacts	up to \$105
Lined Bifocal Lenses	up to \$50*	Low Vision Test	up to \$125*

*Copay may be applicable.

Limitations & Exclusions

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, including any direct complications or consequences that arise from them, as follows:

- Select lens options or coatings
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above the Allowed Amount.
- Expenses incurred prior to the Member's Effective Date under this Policy or after coverage under this Policy terminates.
- Medical or surgical treatment of the eyes.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Two pair of glasses in lieu of bifocals.

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