

Benefits Summary: Altus Vision 150 Plus

Benefit	Description	Copay	
In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers 117,000 Access Points			
WELLVISION EXAM®			
Exams 1 exam every 12 months	• Comprehensive eye exam to ensure overall visual wellness	\$10	
PRESCRIPTION GLASSES			
Frames 1 pair every 12 months	• \$150 allowance for wide selection of frames • Extra \$20 allowance for featured frames¹ • 20% savings on amount over allowance • \$80 Walmart/Sam’s Club or Costco® Optical frame allowance² • Frame allowance backed by a wholesale guarantee	\$25	
Lenses 1 pair every 12 months	• Single vision, lined bifocal and lined trifocal lenses • Impact-resistant lenses for children		
Lens Enhancements Every 12 months	• Standard Progressive Lenses	\$0	
	• Premium Progressive Lenses	\$95 - \$105	
	• Custom Progressive Lenses	\$150 - \$175	
	• Average savings of 30% on other lens enhancements, including scratch-resistant or anti-glare coating, tints, UV protection and more		
CONTACT LENSES (instead of glasses)			
Contacts Every 12 months	• Contact lens fitting and evaluation • \$150 allowance for contacts (copay does not apply)	Up to \$60	
Value-added Programs and Extra Savings			
Additional Glasses and Sunglasses	20% savings on additional prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of last WellVision Exam		
Laser Vision Correction	Average of 15% off regular price; discounts available at contracted facilities		
VSP Diabetic Eyecare Plus Program SM	Members with diabetes receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply		
TruHearing®³	Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information		
Monthly Rates			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$6.14	\$12.28	\$15.76	\$24.09

See reverse side for more information.

Your Coverage with Out-of-Network Providers:

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70–\$75	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses	Up to \$105–\$140
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Items Not Covered

The following items are excluded under this plan: plano lenses (refractive correction of less than $\pm .50$ diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics, vision training or supplemental testing; local, state and/or federal taxes, except where VSP is required by law to pay.

Items not covered under contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; re-fitting of contact lenses after the initial (90-day) fitting period; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Dependent Coverage

Dependent children are covered up until the end of the month they turn age 26.

Notice of Nondiscrimination and Accessibility Policy

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para 1-877-223-0588.

VSP and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1 Extra \$20 allowance on featured frame brands, such as bebe, Calvin Klein, Flexon®, Lacoste, Nike, Nine West and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. Promotions do not apply at Walmart or Costco Optical.

2 Allowance may differ at Walmart, Sam's Club and Costco® Optical, however it is of equivalent value. The allowance of \$70 is equivalent to \$130 frame allowance at VSP doctor locations and participating retail chains.

3 VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP").