



LifeMap Choice Vision Insurance

In partnership with VSP®

For Cassia County Joint School District #151

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. And if 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 a minimum of 20 hours per week on a regular basis, you will be covered with these benefits.
- **Who pays for the coverage?**
Vision Insurance premium is paid by you, the employee, through payroll deduction.
- **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

Monthly Rates

Individual	\$8.20 per month
Employee plus Spouse	\$16.40 per month
Employee plus Child(ren)	\$17.56 per month
Family	\$28.05 per month

Benefits Summary

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • 20% off amount over allowance • Every 12 months 	\$25 For frame and lenses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	
Elective Contacts (Instead of glasses)	<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) • Every 12 months 	\$25
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 provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.



Insurance for every step of life.

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	Elective Contacts	up to \$105
Single Vision Lenses	up to \$30	Low Vision Test	up to \$125
Lined Bifocal Lenses	up to \$50		

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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