

Your Regence Vision Plan 3 (24/24/24) Benefit Summary

VSP Coverage Effective Date: 01/01/18 – 12/31/18

VSP Doctor Network: VSP Choice

Keep your eyes healthy with Regence Vision Plan 3, administered by the Vision Service Plan Insurance Company (VSP).

Using your benefit is easy.

- **Register at regence.com.** Once your plan is effective, review your benefit information.
- **Find any eye care provider who's right for you.** With open access to see any eye care provider, you can see the one who's right for you. The VSP Choice network offers more than 81,000 provider points of access across the country, including both community-based providers as well as the most popular retail chains*, such as Costco®, Walmart®, Sam's Club®, ShopKo®, Visionworks® and any out-of-network provider (lower reimbursement rates).

*Please note: participation in the VSP network is voluntary; therefore, not all doctors at a retail location may be on the VSP network. To find out if your doctor is a VSP network provider, visit regence.com or call 800.877.7195.

- At your appointment, tell the provider you have VSP and show them your member ID card.

That's it! There are no claim forms to complete when you see a VSP doctor.

Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefits, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Benefit	Description	Copay
Your coverage with a VSP Provider		
WellVision Examination®	<ul style="list-style-type: none"> • Focuses on your eye health and overall wellness • Every calendar year – Children under 19 • Every other calendar year – All members 19 and over 	\$0
Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames (\$65 allowance at Costco, Walmart, Sam's Club,) • 20% savings on the amount over your allowance • Every other calendar year 	\$0
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Progressive lenses • Polycarbonate lenses covered for dependent children • Every calendar year – Children under 19 • Every other calendar year – All members 19 and over 	\$0 \$50 \$0
Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 20-25% on lens enhancements 	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$166 allowance for contact lenses (including the fitting examination and evaluation) • 15% savings on a contact lens exam • Every other calendar year – Adults • Every calendar year - Children 	\$0
Safety Glasses (Employee-only Coverage)		
Frame	<ul style="list-style-type: none"> • \$65 frame allowance for safety frames • Certified according to the American National Standards Institute (ANSI) guidelines for impact protection • Every other calendar year 	\$0 for frame and lenses
Lenses	<ul style="list-style-type: none"> • Prescription single vision, lined bifocal, and lined trifocal lenses • Certified according to the American National Standards Institute (ANSI) guidelines for impact protection • Every calendar year 	\$0 combined with frames
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% off additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your routine examination. Or get 20% off from any VSP provider within 12 months of your last routine examination. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities <p style="text-align: right;">Please see reverse side</p>	



Regence



Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family.

Your vision plan is issued by Regence BlueCross BlueShield of Oregon and insured by CIS, but administered by VSP. This means that CIS, not Regence BlueCross BlueShield of Oregon, pays for your covered vision services and supplies.

Your Coverage with Out-of-Network Providers

If you plan to see a provider other than a VSP doctor, visit regence.com for details. VSP guarantees coverage from VSP doctors only.

Exam.....up to \$45	Lenticular Lenses.....up to \$100
Single Vision Lenses.....up to \$30	Frameup to \$70
Lined Bifocal Lenses.....up to \$50	Elective Contacts.....up to \$105
Lined Trifocal Lenses.....up to \$65	Necessary Contactsup to \$210

Submit claims for out-of-network providers to: VSP OA Claims; PO Box 385018, Birmingham, AL 35238-5018