



The Summary of Benefits and Coverage (SBC) document will help you choose a vision plan. The SBC shows you how you and the plan would share the cost for covered vision care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://regence.com>. For provider or benefit questions call VSP at 1 (844) 299-3041. For membership questions call Regence at 1 (800) 854-5585. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at healthcare.gov/sbc-glossary or call 1 (800) 854-5585 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	Not applicable.	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
Are there other deductibles for specific services?	No.	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
What is the out-of-pocket limit for this plan?	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a network provider?	Yes. See https://regence.com/go/ID/VSPNetwork or call 1 (844) 299-3041 for a list of VSP doctors.	This <u>plan</u> uses a vision <u>provider network</u> (Vision Service Plan). You will pay less if you use a vision <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network</u> vision <u>provider</u> , and you might receive a bill from a vision <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>).
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

Common Vision Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		VSP Doctor (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you visit a vision care <u>provider's</u> office or clinic</p>	Routine vision examination	\$20 <u>copay</u> , then no charge up to the VSP doctor limit	\$20 <u>copay</u> , then no charge up to the <u>out-of-network provider</u> limit	<p>For services provided by an <u>out-of-network provider</u>, you pay all charges up front then submit a <u>claim</u> for reimbursement.</p> <p>1 routine eye examination every 12 months Routine eye examination limited to \$50 for <u>out-of-network providers</u>.</p>
	Vision hardware	\$20 <u>copay</u> , then no charge up to the VSP doctor limit	\$20 <u>copay</u> , then no charge up to the <u>out-of-network provider</u> limit	<p>For services provided by an <u>out-of-network provider</u>, you pay all charges up front then submit a <u>claim</u> for reimbursement.</p> <p>1 pair of frames every 24 months Frames limited to \$130 for VSP doctors. Frames limited to \$70 for VSP approved wholesale/retail vendors. Frames limited to \$50 for <u>out-of-network providers</u>.</p> <p>1 pair of standard glass or plastic lenses every 12 months for either: Single vision lenses; Lined bifocal (or standard progressive) lenses; Lined trifocal lenses; Lenticular lenses; or Contact lenses*.</p> <p>Elective contact lenses* limited up to \$130 for VSP doctors. Necessary contact lenses* limited to a 12 month supply for VSP doctors.</p> <p>Single vision lenses limited to \$50 for <u>out-of-network providers</u>. Lined bifocal lenses limited to \$80 for <u>out-of-network providers</u>. Standard progressive lenses limited to \$95 for <u>out-of-</u></p>

Common Vision Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		VSP Doctor (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				<p><u>network providers</u>. Lined trifocal lenses limited to \$95 for <u>out-of-network providers</u>. Lenticular lenses limited to \$125 for <u>out-of-network providers</u>. Elective contact lenses* (including fitting/evaluation services) limited to \$70 once every 12 months for <u>out-of-network providers</u>. Necessary contact lenses* (including fitting/evaluation services) limited to a 12 month supply up to \$125 for <u>out-of-network providers</u>.</p> <p>*Contact lenses are in lieu of all other frame and lens benefits. When you receive contact lenses, you will not be eligible for any other types of lenses for the next 12 months and frames for the next 24 months.</p>
	Contact lens evaluation and fitting examination	No charge	No charge up to the <u>out-of-network provider limit</u>	<p>For services provided by an <u>out-of-network provider</u>, you pay all charges up front then submit a <u>claim</u> for reimbursement.</p> <p>1 contact lens evaluation and fitting examination every 12 months Elective contact lens evaluation and fitting examination (including elective contact lenses) limited to \$70 for <u>out-of-network providers</u>. Necessary contact lens evaluation and fitting examination (including necessary contact lenses) limited to \$125 for <u>out-of-network providers</u>.</p>
	Low vision supplemental examinations (testing)	No charge	No charge up to the <u>out-of-network provider limit</u>	For services provided by an <u>out-of-network provider</u> , you pay all charges up front then submit a <u>claim</u> for

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		VSP Doctor (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Low vision supplemental care aids	25% <u>coinsurance</u>	25% <u>coinsurance</u>	reimbursement. \$1,000 low vision maximum every 24 months, including supplemental examinations (testing) and care aids 2 supplemental examinations every 24 months Supplemental examinations limited to \$125 for <u>out-of-network providers</u> .

Excluded Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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| <ul style="list-style-type: none">• Corrective vision treatment of an experimental nature• Cosmetic services and supplies• Fees, taxes and interest | <ul style="list-style-type: none">• Medical or surgical treatment of the eyes• Non-direct patient care• Orthoptics or vision training | <ul style="list-style-type: none">• Pediatric vision (under age 19)• Plano lenses• Two pair of glasses in lieu of bifocals |
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Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your <u>deductible</u> ?	Not applicable.	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
Are there other <u>deductibles</u> for specific services?	No.	See the Common Vision Event chart below for your costs for services this <u>plan</u> covers.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Not applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://regence.com/go/ID/VSPNetwork or call 1 (844) 299-3041 for a list of VSP doctors.	This <u>plan</u> uses a vision <u>provider network</u> (Vision Service Plan). You will pay less if you use a vision <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network</u> vision <u>provider</u> , and you might receive a bill from a vision <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>).
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

Common Vision Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		VSP Doctor (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a vision care <u>provider's</u> office or clinic	Routine vision examination	No charge	50% <u>coinsurance</u>	<p>For services provided by an <u>out-of-network provider</u>, you pay all charges up front then submit a <u>claim</u> for reimbursement.</p> <p>1 routine eye examination / plan year</p>
	Vision hardware	No charge	50% <u>coinsurance</u>	<p>For services provided by an <u>out-of-network provider</u>, you pay all charges up front then submit a <u>claim</u> for reimbursement.</p> <p>1 pair of frames / plan year Frames from VSP doctors are limited to Otis & Piper Eyewear Collection.</p> <p>1 pair of standard glass or plastic lenses / plan year for either: Single vision lenses; Lined bifocal lenses; Lined trifocal lenses; Lenticular lenses; or Contact lenses*.</p> <p>Elective contact lenses* limited to: Standard (1 pair / plan year); Monthly (6-month supply); Bi-weekly (3-month supply); or Dailies (3-month supply).</p> <p>Necessary contact lenses* limited to a plan year supply.</p> <p>*Contact lenses are in lieu of all other frame and lens benefits. When you receive contact lenses, you will not be eligible for any frames or other types of lenses until the next plan year.</p>

Common Vision Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		VSP Doctor (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Contact lens evaluation and fitting examination	No charge	50% <u>coinsurance</u>	For services provided by an <u>out-of-network provider</u> , you pay all charges up front then submit a <u>claim</u> for reimbursement. 1 contact lens evaluation and fitting examination / plan year
	Low vision supplemental examinations (testing)	No charge	No charge up to the VSP doctor <u>allowed amount</u>	For services provided by an <u>out-of-network provider</u> , you pay all charges up front then submit a <u>claim</u> for reimbursement.
	Low vision supplemental care aids	No charge	No charge up to the VSP doctor <u>allowed amount</u>	Supplemental examinations (testing) and care aids / 2 plan years.

Excluded Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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| <ul style="list-style-type: none">• Adult vision (age 19 or older)• Corrective vision treatment of an experimental nature• Cosmetic services and supplies | <ul style="list-style-type: none">• Fees, taxes and interest• Medical or surgical treatment of the eyes• Non-direct patient care | <ul style="list-style-type: none">• Orthoptics or vision training• Plano lenses• Two pair of glasses in lieu of bifocals |
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