



## Alabama Grocers Association Health and Welfare Trust

Summary of Vision Benefits

Benefit Plan Year: April 1 - March 31

Benefit Frequency: Rolling Based on Date of Service

### Your VisionPlus Benefits Summary

VisionPlus utilizes the VSP Choice Network

Visit [vsp.com](http://vsp.com) or call Member Services at **800-877-7195** if you have any questions about your coverage or claims, or would like to locate a provider.

### Summary of Benefits

#### YOUR COVERAGE WITH A VSP PROVIDER

Benefit	Description	Copay	Frequency
<b>WELLVISION EXAM®</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$10 Up to \$39	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more</li> <li>Coordination with your medical coverage may apply</li> </ul>	\$20 per exam	Available as needed
<b>CONTACT LENS EXAM</b>	<ul style="list-style-type: none"> <li>Fitting and evaluation</li> </ul>	Up to \$60	Every 12 months
<b>Prescription Glasses</b>		<b>\$15</b>	<b>See frame &amp; lenses</b>
<b>FRAME<sup>1</sup></b>	<ul style="list-style-type: none"> <li>\$150 Featured Frame Brands Allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco frame allowance</li> </ul>		Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>		Every 12 months
<b>LENS ENHANCEMENTS<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-\$105 \$150-175	Every 12 months
<b>Contacts (instead of glasses)</b>		<b>\$15</b>	
<b>CONTACT LENSES</b>	<ul style="list-style-type: none"> <li>\$130 allowance for elective contacts; copay does not apply</li> <li>Medically necessary contacts covered in full after copay</li> </ul>		Every 12 months
<b>Additional Savings</b>			
<b>GLASSES &amp; SUNGLASSES</b>	<ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a></li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam</li> </ul>		
<b>LASIK</b>	<ul style="list-style-type: none"> <li>15% off the regular price, or 5% off promotional offer</li> <li>Discounts available at contracted facilities</li> </ul>		
<b>EXCLUSIVE MEMBER EXTRAS</b>	<ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a></li> <li>Save up to 60% on digital hearing aids with TruHearing®</li> <li>Enjoy everyday savings on health, wellness, and more VSP Simple Values</li> </ul>		

#### YOUR COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

Benefit	Allowance	Benefit	Allowance	Benefit	Allowance
Exam	Up to \$45	<b>Necessary Contact Lenses</b>	Up to \$210	<b>Lined Trifocal</b>	Up to \$65
Frame	Up to \$70	<b>Single Vision</b>	Up to \$30	<b>Lenticular</b>	Up to \$100
Elective Contact Lenses	Up to \$105	<b>Lined Bifocal</b>	Up to \$50	<b>Progressive</b>	Up to \$50

#### YOUR COVERAGE GOES FURTHER IN NETWORK

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from a large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](http://vsp.com) to find an in-network provider.

This plan is underwritten by Canopy Insurance Corporation, and administered by VSP.

This summary is a brief description of the plan benefits and is designed to highlight features of the program only. A more complete description of benefits, exclusions and limitations is found in the Certificate of Coverage (CIC-AL-2024-07-ISS-GCERT-VIS). Please visit [vsp.com](http://vsp.com) or call us at **800-877-7195** if you have questions regarding your coverage or claims or to locate a provider.

<sup>1</sup>Coverage with retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and the certificate with Canopy Insurance, the terms of the certificate will prevail. Based on applicable laws, benefits may vary by location. To learn about your privacy rights and how your protected health information may be used, see the Canopy Insurance Notice of Privacy Practices on [canopyinsurancecorp.com](http://canopyinsurancecorp.com).

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