



## LifeMap Choice Vision Insurance

In partnership with VSP®

For Great Falls Public Schools

### 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 30 hours per week, 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	\$7.12 per month
Employee plus Spouse	\$14.22 per month
Employee plus Child(ren)	\$15.22 per month
Family	\$24.33 per month

LifeMapCo.com  
1 (800) 794-5390

### Benefits Summary

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>	\$10
Frame	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>20% off amount over allowance</li> <li>Every 24 months</li> </ul>	\$25 For frame and lenses
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>	
Lens Options	Standard progressive lenses	\$55
	Premium progressive lenses	\$95 - \$105
	Custom progressive lenses	\$150 - \$175
	Solid tints and dyes (Pink I and Pink II)	\$0
	Solid plastic dye (except Pink I and Pink II)	\$15
	Plastic gradient dye	\$17
	UV protection	\$16
	Factory applied scratch-resistant coating	\$17
	Polycarbonate lenses for adult	\$31 - \$35
	Anti-reflective coating	\$41
Photochromic lenses – plastic	\$70 - \$82	
Elective Contacts (Instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% off contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	\$25
Additional Coverage	<ul style="list-style-type: none"> <li>Low vision testing</li> </ul>	
Extra Savings and Discounts	<b>Additional Glasses and Sunglasses</b> 20% off from any VSP doctor	
	<b>Retinal Screening</b> Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	

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](http://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.

[LifeMapCo.com](http://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.*