Benefits Summary: Altus Vision - 150 Plus

In-Network Coverage with VSP Choice Network

Benefit	Description	Copay		
WELLVISION EXAM®				
Exams	Focuses on your eyes and overall wellness	\$10		
1 exam every 12 months	Routine retinal screening up to \$39			
PRESCRIPTION GLASSES				
Frames 1 pair every 12 months Lenses	,	\$25		
1 pair every 12 months				
Covered Lens Enhancements	Impact-resistant lenses for children Standard Progressive Lenses Solid tints and dyes (Pink I and II)	\$0		
CONTACT LENSES (instead	nd of glasses)			
Contacts	• \$150 allowance for contacts	\$0		
Every 12 months	Contact lens exam (fitting and evaluation)	Up to \$60		
VALUE-ADDED PROGRAM	иѕ			
VSP Essential Medical Eye Care Program				
Additional Savings				
Additional Lens Enhancements				
Featured Frames	Extra \$20 allowance on featured brands like bebe, Calvin Klein, Flexon, Longchamp, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Promotions do not apply at Costco® Optical			
Additional Glasses and Sunglasses	, .			
Laser Vision Correction	Average 15%-20% savings. See vsp.com for more information			
Exclusive Member Extras	 Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details Everyday savings on health, wellness, and more with VSP Simple Values 			

Monthly Rates								
Employee Only	Employee & Spouse	Employee & Child(ren)	Family					
\$6.50	\$13.00	\$13.65	\$18.85					

See reverse side for more information.



Your Coverage with Out-of-Network Providers

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses &	Up to \$120
				Fitting/Evaluation Fees	
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Items Not Covered

The following items are excluded unless otherwise stated in the Benefits Summary: plano lenses (refractive correction of less than ± .50 diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts, except at the normal intervals when services are otherwise available; medical or surgical treatment; orthoptics, vision training or supplemental testing; local, state and/or federal taxes, except where VSP is required by law to pay.

<u>Items not covered under contact lens coverage</u>: insurance policies or service agreements; artistically painted or non-prescription lenses; fitting and evaluation fees for corneal refractive therapy, orthokeratology, and myopia management; re-fitting of contact lenses after the initial (90-day) fitting period; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Dependent Coverage

Dependent children are covered through the end of the month that they turn age 26.

Notice of Nondiscrimination and Accessibility Policy

Altus Dental does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-223-0588.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-223-0588.

Altus Vision™ is underwritten by Altus Dental Insurance Company. Claims processing, claims service, and provider network administration for Altus Vision™ are provided under contract by Vision Service Plan Insurance Company ("VSP").

VSP and WellVision Exam are registered trademarks, and VSP LightCare is a trademark of Vision Service Plan. All other brands or marks are the property of their respective owners.

Coverage with a 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 your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

