

Inshore Benefits Trust

Employer Sponsored Vision Service Plans

Effective January 1, 2020 - December 31, 2020^{5,6}



Benefit Comparison and Rates for 3-500 Employees

	VSP CHOICE VISION PLANS				VSP SIGNATURE VISION PLANS											
	PLAN A \$0 12/24/24		PLAN B \$0 12/12/24		PLAN A \$10 12/24/24		PLAN A \$25 12/24/24		PLAN B \$10 12/12/24		PLAN B \$25 12/12/24		PLAN C \$10 12/12/12		PLAN C \$25 12/12/12	
Benefit Frequency																
Exam	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Lenses	Once every 24 months		Once every 12 months		Once every 24 months		Once every 24 months		Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
Frames	Once every 24 months		Once every 24 months		Once every 24 months		Once every 24 months		Once every 24 months		Once every 24 months		Once every 12 months		Once every 12 months	
Copays	Exam or Materials: \$0		Exam or Materials: \$0		Exam or Materials: \$10		Exam or Materials: \$25		Exam or Materials: \$10		Exam or Materials: \$25		Exam or Materials: \$10		Exam or Materials: \$25	
Lenses and Frames																
Network	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON	IN	OON
Exam	100% covered	\$45 max reimbursed	100% covered	\$45 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed
Single	100% covered	\$30 max reimbursed	100% covered	\$30 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed
Bifocals	100% covered	\$50 max reimbursed	100% covered	\$50 max reimbursed	100% covered	\$75 max reimbursed	100% covered	\$75 max reimbursed	100% covered	\$75 max reimbursed	100% covered	\$75 max reimbursed	100% covered	\$75 max reimbursed	100% covered	\$75 max reimbursed
Trifocals	100% covered	\$65 max reimbursed	100% covered	\$65 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed
Lenticular	100% covered	\$100 max reimbursed	100% covered	\$100 max reimbursed	100% covered	\$125 max reimbursed	100% covered	\$125 max reimbursed	100% covered	\$125 max reimbursed	100% covered	\$125 max reimbursed	100% covered	\$125 max reimbursed	100% covered	\$125 max reimbursed
Frames	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed	\$160 allowance ¹	\$70 max reimbursed
Contact Lenses (in lieu of frames and lenses) ^{2,3}																
	VSP CHOICE VISION PLANS				VSP SIGNATURE VISION PLANS											
Network	IN Network		OUT of Network		IN Network						OUT of Network					
Elective	Contact lens exam (fitting & evaluation): \$60 copay		\$105 max. reimbursed		Contact lens exam (fitting & evaluation): \$60 copay						\$105 max. reimbursed					
	\$130 allowance				\$130 allowance											
Medically Necessary	Up to 100%		\$210 max. reimbursed		Up to 100%						\$210 max. reimbursed					
Employer Sponsored Vision																
A \$15 monthly administration fee applies to all groups.					Employee Only				Employee + 1 or Employee + Children				Family			
Choice A \$0 / 12/24/24					\$7.93				\$13.03				\$20.97			
Choice B \$0 / 12/12/24					\$11.12				\$16.92				\$27.28			
Signature A \$25 / 12/24/24					\$8.68				\$13.18				\$21.28			
Signature B \$25 / 12/12/24					\$10.86				\$16.52				\$26.61			
Signature C \$25 / 12/12/12					\$13.27				\$20.18				\$32.50			
Signature A \$10 / 12/24/24					\$11.03				\$16.55				\$26.67			
Signature B \$10 / 12/12/24					\$13.75				\$20.68				\$33.32			
Signature C \$10 / 12/12/12					\$16.79				\$25.24				\$40.65			

¹ If the member chooses to have services provided by a non-participating (out of network) provider, the member must file a claim and the claim will be processed based on the reimbursement amount only.
² The member will have a \$60 copay for the contact lens exam (fitting & evaluation) when elective contact lenses are chosen in lieu of frames and lenses.
³ Extra discounts and savings of up to 20-25% on glasses, up to 15% on contacts, and between 5-15% off laser vision correction are available from your VSP provider. Please review the plan summary for details.
⁴ All groups receive a renewal each January where rates and/or benefits are subject to change.
⁵ Rates include the ACA Tax. Visit www.irs.gov and search Affordable Care Act (ACA) Tax Provisions for more information.

The employer must choose one of the following participation options:

1. VSP participation and contribution matches employer-sponsored medical plan participation exactly **OR**
2. VSP participation and contribution matches employer-sponsored dental plan participation exactly **OR**
3. VSP participation is 100% employer paid and all eligible employees and all eligible dependents are enrolled **OR**
4. VSP participation is 100% employer paid and all eligible employees and no dependents are enrolled

VSP plans are available to groups headquartered in any of the following states: CA, CO, GA, IA, IL, IN, KS, MI, MN, MO, NC, NJ, NV, OH, OK, SC, TN, TX, AND WV.
 The group's employees can live in any state, excluding FL.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage. VSP and VSP Vision Care for Life are registered trademarks of VSP.