

# Vision insurance



## Benefit Highlights

For all eligible employees of Jefferson City Public School District , Policy # 929479

All Eligible Employees

Vision insurance<sup>1</sup> can help improve your eyesight—and your overall health, too.

- You will see lower out-of-pocket costs due to savings on frames, lenses, contacts, eye exams and more
- Cover your spouse<sup>2</sup> and your dependent children so you can help your whole family see better
  - An eligible child is defined as a child to age 26<sup>3</sup>
- Benefit from group rates that may be more affordable than buying vision insurance on your own

## Additional plan features

- An annual comprehensive eye exam
- Doctors who offer flexible hours and office settings
- A large selection of eyewear choices we believe you will love
- Access to the largest national network<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP)
- No ID cards are needed

### How Sun Life's Vision insurance can help

- Encourages routine screenings and an annual comprehensive eye exam
- Whether you just need a basic eye exam or designer frames – we have options for you
- Better eyesight can lead to a better quality of life



# Vision Coverage Overview

## Plan 3 Covered Expenses

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
<b>Exam Services</b> WellVision Exam®	1 per 12 months	\$10	Up to \$52
<b>Laser Vision Correction Discount</b>	Once per eye per lifetime	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price</li> <li>Discounts only available from contracted facilities</li> </ul>	N/A
<b>Lenses</b> Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125 Up to \$210
<b>Lens Enhancements</b> Standard progressive Premium progressive Custom progressive		\$50 copay \$80-\$90 copay \$120-\$160 copay Average savings of 35-40% on other lens enhancements	N/A
<b>Frames</b>	1 per 24 months	<ul style="list-style-type: none"> <li>\$130 for the frame of your choice and 20% off the amount over your allowance</li> </ul>	Up to \$57
<b>Elective Contact Lenses</b>  <i>Contact lenses are in place of lenses and frames</i>	1 per 12 months	<ul style="list-style-type: none"> <li>15% savings for your contact lens exam (fitting and evaluation)</li> <li>\$130 for contact lenses</li> </ul>	Up to \$105
<b>Additional Glasses and Sunglasses Discounts</b>	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A



## Vision Q&A

### How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

### How do I locate an in-network VSP doctor?

There are three ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Signature network.
2. Call 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

### What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

### When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

### Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/onlineadvantage](http://www.sunlife.com/onlineadvantage) to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details and more. Or you can call Customer Service at 800-877-7195.

**Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.**

1. Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).
2. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Please see your employer for more specific information.
4. Netminder as of December 2016.



# Important Plan Provisions

## Vision Insurance

### Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Benefit Highlights section of the certificate

The allowance for lenses shown in the Benefit Highlights section is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision Insurance Schedule)

### Exclusions

Covered vision benefits do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses, in lieu of bifocals or trifocals
- Replacement of lenses and frames furnished under the plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Benefit Highlights section
- Materials, services or options not shown in the Benefit Highlights section
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available
- Contact lens insurance policies or service agreements
- Refitting of contact lenses after the initial (90-day) fitting period
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning
- Services associated with CRT or Orthokeratology



Subject to state law variations.

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the certificate. The actual provisions of your vision policy will be used to determine coverage for any claims submitted.

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice. Contact us for costs and complete details.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (“PPACA”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-VIS-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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# Rate Sheet

Coverage and **monthly** rate for Vision Insurance.

Vision coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Monthly Cost*
Employee	\$10.37
Employee + Spouse	\$20.74
Employee + Child(ren)	\$21.02
Employee + Family	\$32.76

\*The rate is in effect for July 1, 2019. Contact your employer to confirm the portion of the cost for which you will be responsible.