

# GGRA / DVB VSP Vision Plan

Employer Sponsored Vision Service Plans

Effective January 1, 2019 through December 31, 2019<sup>4,5</sup>



## Benefit Comparison and Rates for 3-500 Employees



### BENEFIT SUMMARY | EMPLOYER SPONSORED SIGNATURE VISION PLANS

PLAN A | \$25 | 12/24/24

PLAN C | \$25 | 12/12/12

PLAN C | \$10 | 12/12/12

#### Benefit Frequency

	PLAN A   \$25   12/24/24	PLAN C   \$25   12/12/12	PLAN C   \$10   12/12/12
Exam	Once every 12 months	Once every 12 months	Once every 12 months
Lenses	Once every 24 months	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months	Once every 12 months
Copays	Exam and/or Materials: \$25	Exam and/or Materials: \$25	Exam and/or Materials: \$10

#### Lenses and Frames

Network	IN	OUT <sup>1</sup>
Exam	100% covered	\$50 max reimbursed
Single	100% covered	\$50 max reimbursed
Bifocals	100% covered	\$75 max reimbursed
Trifocals	100% covered	\$100 max reimbursed
Lenticular	100% covered	\$125 max reimbursed
Frames	\$160 allowance <sup>3</sup>	\$70 max reimbursed

#### Contact Lenses (in lieu of frames and lenses)<sup>2,3</sup>

Network	IN	OUT <sup>1</sup>
Elective	Contact lens exam (fitting & evaluation): \$60 copay	
	\$130 allowance	\$105 max. reimbursed
Medically Necessary	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
Signature Plan A   \$25   12/24/24	\$8.68	\$13.18	\$21.28
Signature Plan C   \$25   12/12/12	\$13.27	\$20.18	\$32.50
Signature Plan C   \$10   12/12/12	\$16.79	\$25.24	\$40.65

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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. \$90 Costco frame allowance.

<sup>4</sup> All groups receive a renewal each January where rates and/or benefits are subject to change.

<sup>5</sup> Rates include the ACA Tax. Visit [www.irs.gov](http://www.irs.gov) and search Affordable Care Act (ACA) Tax Provisions for more information.

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 employer must choose one of the following participation options:

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

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.



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