

## Your Regence Vision Plan 3 (24/24/24) Benefit Summary

Keep your eyes healthy with Regence Vision Plan 3, administered by the Vision Service Plan Insurance Company (VSP).

### Using your benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find any eye care provider who's right for you.** With open access to see any eye care provider, you can see the one who's right for you. Choose a VSP doctor, a participating retail chain, or any out-of-network provider (lower reimbursement rates). To find a VSP doctor, visit vsp.com or call 800.877.7195
- At your appointment, tell them you have VSP and show them your member ID card

That's it! There are no claim forms to complete when you see a VSP doctor.

### Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefits, have lower out-of-pocket costs, and your satisfaction is guaranteed.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family.

### Plan information

**VSP Doctor Network:** VSP Choice  
01/01/2017 - 12/31/2017

Your vision plan is issued by Regence BlueCross BlueShield of Oregon and insured by CIS, but administered by VSP. This means that CIS, not Regence BlueCross BlueShield of Oregon, pays for your covered vision services and supplies.

Submit claims for out-of-network providers to: VSP OA Claims; PO Box 385018, Birmingham, AL 35238-5018

Benefit	Description	Copay
<b>Your coverage with a VSP Provider</b>		
<b>Routine Examination®</b>	<ul style="list-style-type: none"> <li>• Focuses on your eye health and overall wellness</li> <li>• Every calendar year – Children under 19</li> <li>• Every two calendar years – All members 19 and over</li> </ul>	\$0
<b>Prescription Glasses</b>		
Frame	<ul style="list-style-type: none"> <li>• \$120 allowance for a wide selection of frames</li> <li>• 20% savings on the amount over your allowance</li> <li>• Every two calendar years</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Progressive lenses</li> <li>• Polycarbonate lenses covered for dependent children</li> <li>• Every calendar year – Children under 19</li> <li>• Every two calendar years – All members 19 and over</li> </ul>	\$0 \$50 \$0
Lens Enhancements	<ul style="list-style-type: none"> <li>• Average savings of 20-25% on lens enhancements</li> </ul>	
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>• \$166 allowance for contact lenses (including the fitting examination and evaluation)</li> <li>• 15% savings on a contact lens exam</li> <li>• Every two calendar years – Adults</li> <li>• Every calendar year - Children</li> </ul>	\$0
<b>Safety Glasses (Employee-only Coverage)</b>		
Frame	<ul style="list-style-type: none"> <li>• \$65 frame allowance for safety frames</li> <li>• Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>• Every two calendar years</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>• Prescription single vision, lined bifocal, and lined trifocal lenses</li> <li>• Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>• Every two calendar years</li> </ul>	\$0
Extra Savings and Discounts	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• 20% off additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your routine examination. Or get 20% off from any VSP provider within 12 months of your last routine examination.</li> </ul> <p><b>Laser Vision Correction</b></p> <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> </ul>	
<b>Your Coverage with Out-of-Network Providers</b>		
If you plan to see a provider other than a VSP doctor, visit vsp.com for details.		
Exam .....up to \$45	Frame .....up to \$70	
Lenses	Elective Contacts.....up to \$105	
Single Vision .....up to \$30	Necessary Contacts .....up to \$210	
Lined Bifocal.....up to \$50	Lenticular Lenses .....up to \$100	
Lined Trifocal Lenses ..... up to \$65		
VSP guarantees coverage from VSP doctors only		