



To: All Vision Providers

From: Michigan Planners, Inc., on behalf of Usui International Corporation

Re: Maximum Vision Benefit Amount

To Whom It May Concern,

Michigan Planners, Inc., on behalf of Usui International Corporation, has issued this Memo to confirm the maximum vision benefit amount that is available to all eligible Usui International Corporation employees (and their covered dependents).

The maximum benefit amount for all eligible vision expenses, such as services and materials, is \$400.00.

The Blue Cross Blue Shield of MI (BCBSM) Vision Benefit Summary is included on the second page of this Memo as additional verification of the maximum vision benefit amount. When verifying vision coverage benefits, provided by VSP, please use the member's BCBSM Enrollee ID (XYQ123456789) and Usui International Corporation's BCBSM Group Number (71505) found on the member's BCBSM insurance card.

If there are any questions or if additional assistance is needed, please call VSP directly at 1-800-877-7195. You may also call our agency at 1-800-674-9235.

Kindest Regards,

Michigan Planners, Inc.



**Blue Cross
Blue Shield
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Blue Vision Usui International Corporation

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. There are more than 3,000 VSP provider locations in Michigan and 53,000 locations nationwide. To find a VSP provider, call 1-800-877-7195 or visit VSP's Web site at www.vsp.com.

VSP Provider

Out-of-Network Provider

Eye exams

Covers a complete eye exam by an ophthalmologist or optometrists. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	Covered - 100%	Covered - 100%
	once every 12 months	

Eyeglass Frames

Covers standard eyeglass frames. A wide selection of quality frames is fully covered by VSP up to the frame allowance. Members should ask their doctor which frames are covered in full. Members may select a more expensive frame and pay a cost controlled price difference.	Covered - 100%	Covered - 100%
	once every 12 months	

Eyeglass Lenses

Single vision, bifocal, trifocal or lenticular lenses in glass or plastic. Note: Additional pairs of prescription glasses and non-covered lens options are discounted when purchased from a VSP provider.	Covered - 100% (one copay applies to both lenses and frames)	Covered - 100%
	once every 12 months	

Contact Lenses: Members may obtain either eyeglasses or contact lenses, but not both.

Elective contact lenses (prescribed, but not medically necessary) may be chosen instead of spectacle lenses and a frame.		
	once every 12 months	
Therapeutic contact lenses (medically necessary)	Covered - no copay	
	once every 12 months	

Copayments/Coinsurance

Eye exam	100%	100%
Frames and/or lenses or medically necessary contact lenses	no copay	Member responsible for difference between approved amount and provider's charge, after no copay

Benefit Maximum

Maximum benefit for all eligible expenses	\$400 per member
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This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control. BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.