

# Vision | 2022

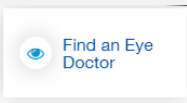
## HOW'S YOUR HEALTH

In addition to eye disease a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol.

This is important since you won't always notice the symptoms yourself and early detection and treatment of some diseases may help prevent serious illness or permanent damage.

## FIND A PARTICIPATING EYE DOCTOR

Login in to [vsp.com](http://vsp.com) and select:



*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 to covered services. For a complete description of benefits, including out-of-network costs, please see the applicable certificate and riders.*



Carrier Blue Cross Blue Shield  
 Phone 313-225-9000  
 Website [bcbsm.com](http://bcbsm.com)  
 Group # 71505

*This coverage is **voluntary** which means you are responsible for 100% of the cost if you choose to elect this benefit.*

### DEDUCTIBLE (Benefit Year January 1 – December 31)

In-Network Coverage - VSP Vision	In-Network
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### EXAM

Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100%
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### LENSES AND FRAMES

Single vision, bifocal, trifocal or lenticular lenses in glass or plastic	100%
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Standard Frames - Provider's standard eyeglasses frames include a wide selection of quality frames that are covered by VSP. 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. Member responsible for any cost exceeding the allowance.	100%
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### CONTACT LENSES (instead of glasses)

Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	100%
Elective contacts that improve vision (prescribed but do not meet the criteria of medically necessary). Allowance applied to contact lens exam and the contact lenses. Member responsible for any cost exceeding the allowance.	

### BENEFIT MAXIMUM

Maximum benefit for all eligible expenses	\$400 per member in any period of 12 consecutive months
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### FREQUENCY

Examination	One in any period of 12 consecutive months
Lenses	One pair of lenses in any period of 12 consecutive months
Frames	One frame in any period of 12 consecutive months
Contact lenses	Up to the allowance in any period of 12 consecutive months

### 2022 EMPLOYEE BENEFIT PAYROLL CONTRIBUTION

<b>Bi-Weekly Insurance Cost (Deducted from every paycheck)</b>	
Employee Only:	\$5.55
Employee + 1:	\$11.10
Family:	\$18.43