



# VSP Vision

Welcome to Beam! We are excited to provide you with easy-to-use benefits. Be sure to check out our member portal for self-service tools and resources.

## VISION MONTHLY RATES

Plan 1

Employee Only	\$6.70
Employee + Spouse	\$13.51
Employee + Children	\$14.81
Family	\$23.10

## Frequency

Exam every	12
Lenses every	12 months
Frames every	12
Contacts (instead of glasses)	12 months
	months
	months

## Co-payments

Exam	\$10	\$25
Materials	15%	
Contact lens fitting & evaluation	discount	(not to exceed \$60)

Vision insurance product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC (Beam Benefits Insurance Services LLC, in CA). Policy form number NVIGRP 2020. Vision product underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, NY, LA, UT, OH, TX and NM. Vision coverage applicable to policy form GVIS AO L20, or state equivalent. Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Not all products available in all states. Vision product administered by Vision Service Plan Insurance Company. VSP is a registered trademark of Vision Service Plan. VSP, VSP Choice Plan, and WellVision Exam are registered trademarks and Diabetic Eyecare Plus Program is a service mark of Vision Service Plan. All other brands or marks are the property of their respective owners. ©2023 Vision Service Plan. All rights reserved.

\* These benefits are not offered or underwritten by Globe Life.

## In-network allowances

Retail frame value <sup>1,2</sup>	\$130 / 20% savings on amount over allowance
Elective contact lens materials	\$130
Covered lens enhancements	Polycarbonate for Children

## Value added programs

Diabetic Eyecare Plus Program <sup>SM</sup>	Included
Low vision	Included
Hearing aid discounts	Included
Health-focused care	Included
Diabetic exam reminder letters	Included

## Out-of-network allowances

Examination, up to	\$45
Single vision lenses, up to	\$30
Bifocal/progressive lenses, up to	\$50
Trifocal lenses, up to	\$65
Lenticular lenses, up to	\$100
Frames, up to	\$70
Elective contact lens materials and fitting/evaluation, up to	\$105
Necessary contact lenses, up to	\$210

## Extra discounts & savings<sup>2</sup>

Lens enhancements	Average savings of 30% on other lens enhancements
Additional pair of glasses or sunglasses	20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam®.
Laser vision correction (lvc)	15% discount avg.

1. Coverage with a retail chain may be different or does not apply.

2. Added value services are additional benefits offered by VSP and not included in the insurance benefit plan.