VSP Choice Plan®

This is an outline of Vision Insurance Coverage underwritten by Companion Life Insurance Company.
Rates Effective: October 01, 2025

Valley City Public Schools

Vision Plan Features

Benefit	In-Network	Out-Of-Network
Exam – Once every 12 months	$10 Copay	Reimbursement up to $45
Materials	$10 Copay	n/a
Lenses – Once every 12 months		
Single vision	Covered in full after Materials Copay	Reimbursement up to $30
Bifocal	Covered in full after Materials Copay	Reimbursement up to $50
Trifocal	Covered in full after Materials Copay	Reimbursement up to $65
Frames and Contacts		
Frames – Once every 12 months	$200 allowance	Reimbursement up to $70
Elective Contact Lenses – Once every 12 months. (In lieu of glasses)	$200 allowance	Reimbursement up to $105

ADDITIONAL NON-INSURANCE BENEFITS THROUGH A VSP NETWORK PROVIDER

Exam Services	• Routine retinal screening available after a fee of no more than $39
Frames	• 20% off any amount above the retail allowance • Members who select a Featured Frame Brand, including bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Longchamp, Nike and more, will receive an extra $20 toward their frame allowance. *Featured Frame Brands subject to change.*
Lens Enhancements	• Premium or custom lens enhancements may also be available at an additional cost.
Additional Pairs of Glasses	• Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor.
Elective Contact lenses	• Member receives 15% off of contact lens exam services.
VSP Laser VisionCare℠ Program	• Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, and Custom LASIK. • *Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology, other LASIK procedures may be performed at an additional cost to the member.*

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Monthly Rates:	
Employee Only	$9.58
Employee + Spouse	$18.06
Employee + Child(ren)	$19.26
Employee + Family	$30.11

VSP Disclaimers

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains.

Promotions such as rebates are continually evaluated and subject to change without notice.

Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Exclusions and Limitations

Limitations: Oversized Lenses are not a covered benefit. An Insured Individual requesting these lenses will be required to pay the difference in charges.

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1) Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
2) Plano lenses (lenses with refractive correction of less than ± .50 diopter), except as specifically allowed under the LightCare enhancement, if purchased by client.
3) Two pair of glasses instead of bifocals.
4) Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost or damaged, except at the normal intervals when Plan Benefits are otherwise available.
5) Orthoptics or vision training and any associated supplemental testing.
6) Medical or surgical treatment of the eyes.
7) Contact lens insurance policies or service agreements.
8) Refitting of contact lenses after the initial (90-day) fitting period.
9) Contact lens modification, polishing or cleaning.
10) Local, state and/or federal taxes, except where VSP is required by law to pay.
11) Services associated with Corneal Refractive Therapy (CRT) or Orthokeratology.

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.