

Voluntary Vision Plan

Underwritten by: VSP • Offered by:
PPOM/SloansLake • Administered by:
Brokers National Life Assurance Company



PHONE: 1-800-878-7766

WEBSITE: www.ppom.com

- Voluntary ■ Guaranteed Issue ■ No Waiting Periods
- Nationwide Network of 28,000 VSP Doctors

Laser Vision Surgery

Discounts vary by location, but will average 15% off the contracted laser center's usual and customary charges.

	PLAN A BENEFITS		PLAN B BENEFITS	
	CO-PAY	FREQUENCY	CO-PAY	FREQUENCY
	Exam: \$15.00 Materials: \$15.00	Exam: Every 12 months Lenses: Every 12 months Frames: Every 12 months	Exam: \$10.00 Materials: \$10.00	Exam: Every 12 months Lenses: Every 24 months Frames: Every 24 months
	VSP DOCTOR	NON-VSP DOCTOR	VSP DOCTOR	NON-VSP DOCTOR
	VSP covers the cost of an eye exam and prescription eyewear (frame of your choice, lenses, or contacts up to the plan allowance, less any co-pay.)	VSP covers the cost of an eye exam and prescription eyewear (frame of your choice, lenses, or contacts based upon the schedule of benefits shown below.)	VSP covers the cost of an eye exam and prescription eyewear (frame of your choice, lenses, or contacts up to the plan allowance, less any co-pay.)	VSP covers the cost of an eye exam and prescription eyewear (frame of your choice, lenses, or contacts based upon the schedule of benefits shown below.)
EXAM	Covered in full	Up to \$43.00	Covered in full	Up to \$43.00
SINGLE VISION LENSES	Covered in full	Up to \$45.00	Covered in full	Up to \$40.00
LINED BIFOCAL LENSES	Covered in full	Up to \$60.00	Covered in full	Up to \$60.00
LINED TRIFOCAL LENSES	Covered in full	Up to \$73.00	Covered in full	Up to \$73.00
LENTICULAR LENSES	Covered in full	Up to \$80.00	Covered in full	Up to \$80.00
FRAMES	Covered up to \$100.00 (20% discount on amounts over the \$100.00 allowance.)	Up to \$47.00	Covered up to \$100.00 (20% discount on amounts over the \$100.00 allowance.)	Up to \$47.00

Contacts, Evaluation Exam and Fitting (includes Disposable Contacts) – No Co-pay Required

Contacts	Covered up to \$105.00	Up to \$105.00	Covered up to \$105.00	Up to \$105.00
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2 Year Rate Guarantee

	MONTHLY PREMIUM - PLAN A		MONTHLY PREMIUM - PLAN B	
	Stand-Alone	Packaged With Dental*	Stand-Alone	Packaged With Dental*
EMPLOYEE ONLY:	\$14.68	\$12.03	\$10.09	\$ 8.25
EMPLOYEE + 1 DEPENDENT:	20.28	17.11	13.91	11.74
EMPLOYEE + FAMILY:	35.86	30.25	24.63	20.74

*Vision rates are discounted when packaged with dental. A \$10.00 billing fee will be added to each group billing statement.

IMPORTANT NOTICE When you're ready for vision care services, call your VSP doctor. To find a VSP doctor, visit www.vsp.com or call 1-800-877-7195. Make an appointment and tell the doctor you are a VSP member. Your doctor and VSP will handle the rest.

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SLOANS LAKE
PREFERRED HEALTH NETWORKS

PPOM: (800) 878-7766 • Sloans Lake: (800) 457-2345
www.ppom.com