



# Summary of Benefits

## Vision Benefit Summary

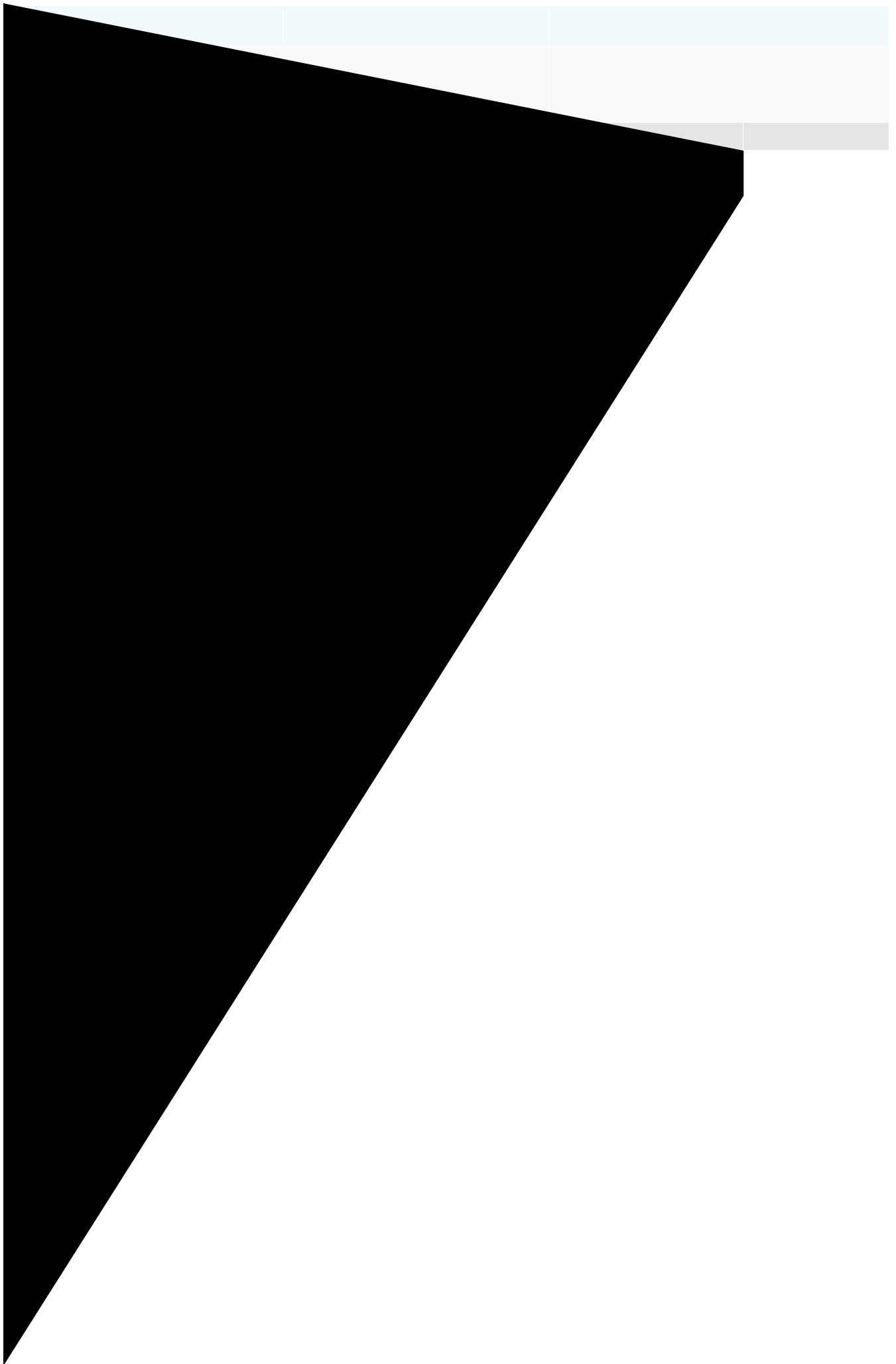
Group ID:	00324707	Coverage Type:	Voluntary
Group Name:	DAEMEN COLLEGE	Class:	0003 STAFF
Waiting Period:	1st of the month following date of hire	As of Date:	04/06/2020

## Plan Information

Your networks are: VSP - Signature Full Feature and Davis - Full Feature - Designer

## Coverage Information

	VSP - Signature Full Feature		Davis - Full Feature - Designer	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Co-Pay</b>				
First service provided	Not applicable		Not applicable	
Exams	Exams \$10.00		Exams \$10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) \$25.00		Materials (waived for non-formulary elective contact lenses) \$25.00	
How often can I obtain service?	<b>Exams:</b> Once a year.		<b>Exams:</b> Once a year.	
	<b>Lenses:</b> Once a year.		<b>Lenses:</b> Once a year.	
	<b>Frames:</b> Once every other year.		<b>Frames:</b> Once every other year.	
	<b>Materials:</b> Once a year.		<b>Materials:</b> Once a year.	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
	Copay	Amount over:	Copay applies	Amount over:



	<b>VSP - Signature Full Feature</b>		<b>Davis - Full Feature - Designer</b>	
<b>What's the most cost-effective way to use vision benefits?</b>	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.		You may go to any eye doctor however, if you go to a Davis Vision network provider you will usually pay less.	
	<b>In-Network</b>	<b>Out-Of-Network</b>	<b>In-Network</b>	<b>Out-Of-Network</b>

**Laser correction surgery**

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30% discount off of additional pairs of prescription glasses as well as non-prescription sunglasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. (Members will continue to receive 20% off unlimited additional pairs of glasses valid through any VSP doctor within 12 months of the last covered exam.)

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.