

LifeMap Choice Vision Insurance

In partnership with VSP®

For Trico Companies LLC

How the Plan Works

Schedule that annual eye exam and know you're doing good for your body, and with this coverage it won't hurt your wallet. And if you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames.

• Eligibility Requirement

If you are a full-time active Owner, Manager, or Craft Employee working a minimum of 30 hours per week, you will be covered with these benefits.

Who pays for the coverage?

Vision Insurance premiums are paid for by your employer.

Trusted network

The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.

o Network: VSP Choice Network

Benefits Summary				
Benefit	Description	Copay		
WellVision Exam	Focuses on your eyes and overall wellnessEvery 12 months	\$10		
Frame	 \$130 allowance for a wide selection of frames 20% off amount over allowance Every 24 months 	\$25 For frame and lenses		
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 			
Elective Contacts (Instead of glasses)	 \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) Every 12 months 	\$25		
Additional Coverage	Low vision testing			
	Additional Glasses and Sunglasses 20% off from any VSP doctor			
Extra Savings and Discounts	Retinal Screening Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor			

LifeMapCo.com 1 (800) 794-5390



Insurance for every step of life.

Coverage Outside the VSP Choice Network

Visit vsp.com for details if you plan to see an eye doctor outside the VSP network

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Exam	up to \$45	Lined Trifocal Lenses	up to \$65		
Frames	up to \$70	Elective Contacts	up to \$105		
Single Vision Lenses	up to \$30	Low Vision Test	up to \$125		
Lined Bifocal Lenses	up to \$50				

Limitations & Exclusions

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, including any direct complications or consequences that arise from them, as follows:

- Select lens options or coatings
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above the Allowed Amount.
- Expenses incurred prior to the Member's Effective Date under this Policy or after coverage under this Policy terminates.
- Medical or surgical treatment of the eyes.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a \pm .50 diopter power).
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Two pair of glasses in lieu of bifocals.

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