

The Board of Pensions administers the Benefits Plan of the Presbyterian Church (U.S.A.), offering retirement, healthcare, death, and disability benefits to qualifying members. The Board also provides financial and vocational grants through the Assistance Program.

## Summary

Vision eyewear coverage is a stand-alone, optional benefit that provides an annual allowance toward eligible vision services and materials, such as glasses and contact lenses, in addition to a discount for covered materials over and above the allowance. This coverage is separate from the routine eye exam benefit that is included in all three Medical Plan options — PPO, EPO, and HDHP.<sup>1</sup>

## Eligibility

Vision eyewear coverage must be offered to employees in Pastor's Participation, and may be offered to employees in menu options on an optional basis. There are no hourly work requirements for eligibility.

**Important!** The vision eyewear coverage does not include coverage for eye exams. Therefore, if offered without Medical Plan coverage, no eye exam benefit is available.

## Cost

Employees may purchase coverage in four tiers: Member-only, Member + Spouse, Member + Child(ren), and Member + Family. Employers may, but are not required to, contribute toward the cost of vision eyewear coverage.

VISION EYEWEAR COVERAGE MONTHLY COST			
Member – only	Member + Spouse	Member + Child(ren)	Member + Family
\$3.89	\$7.69	\$8.17	\$13.12

## Covered services

Vision services and materials included in the vision eyewear coverage are described below. Employees may choose any provider; however, benefits are greater when receiving covered services and materials from a VSP Choice Network provider.

SERVICES/MATERIALS FROM A VSP CHOICE NETWORK PROVIDER	
Annual Benefit	Copay
Annual eyeglass frames and lenses (\$150 frame allowance)	\$25
Lenses, including scratch coating and standard progressives	\$0
Other lens treatments (Varilux), anti-reflective coatings (Crizal), transitions and tints are discounted an average of 20-25%	
OR	
Contact lens exam and fitting	\$25
Contact lenses (\$175 allowance)	\$0
Extra \$50 to spend on featured frame brands <sup>2</sup> for glasses and sunglasses, like bebe, Calvin Klein, Cole Haan, Flexon, Lacoste, Nike, Nine West, and more. Visit <a href="http://vsp.com">vsp.com</a> to find a Premier Program location that carries these brands, and <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for current promotions. <sup>2</sup>	N/A
20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last well vision exam.	

<sup>1</sup> Individuals enrolled in the HDHP will be automatically enrolled in the VSP vision exam benefit. The vision exam benefit is not considered part of the HDHP.

<sup>2</sup> Brands/promotions subject to change.

## SERVICES/MATERIALS FROM AN OUT-OF-NETWORK PROVIDER

Description	Reimbursement
Frames	Up to \$70
Single vision lenses	Up to \$30
Lined bifocal lenses	Up to \$50
Lined trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Contacts	Up to \$105

## Other information

VSP has the largest network of independent vision care providers, and the network is also supported by large retail chains, including Walmart, Sam's Club, Costco, and Pearl Vision. In total, there are over 29,000 VSP provider offices, including 95,000 access points.

## Enrollment

Employees may enroll for vision eyewear coverage during annual enrollment through Benefits Connect.

*This is not a full description of benefits and limitations of the plan. If there is any difference between the information presented here and the provisions of the Benefits Plan of the Presbyterian Church (U.S.A.), the plan terms will govern. Visit [pensions.org](http://pensions.org) or call the Board at 800-773-7752 (800-PRESPLAN) for a copy of the plan document.*