



Churchill Benefit Corporation
Vision Service Plan (VSP) Full Feature Program
Benefit Illustration

Plan Features:

Co-payment:

Exam	\$10.00
Materials	\$20.00

Benefit Details

In-network

Out-of-network

Eye Exams

Frequency: Every 12 Months

Covered in Full after Copay	\$ 46.00 Maximum after Copay
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Lenses

Frequency: Every 12 Months

Single Vision

Covered in Full after Copay	\$ 47.00 Maximum after Copay
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Bifocal

Covered in Full after Copay	\$ 66.00 Maximum after Copay
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Trifocal

Covered in Full after Copay	\$ 85.00 Maximum after Copay
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Lenticular

Covered in Full after Copay	\$125.00 Maximum after Copay
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Contact Lenses*

Frequency: Every 12 Months

Medically Necessary

Covered in Full after Copay	\$210.00 Maximum after Copay
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Elective

\$120.00 Maximum (Copay Does Not Apply)

Frames

Frequency: Every 12 Months

\$120.00 Retail Allowance**	\$ 47.00 Maximum after Copay
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*If you choose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 12 months following the date contacts were obtained.

**Approximately 15,000 frames are covered in full. Frames not fully covered are offered at a discounted cost. If you select a frame that exceeds the retail allowance, the plan will cover 20% of the amount above the allowance. You must pay the rest.

Note: Lens coverage includes polycarbonate lenses for children up to the plan's non-student dependent child age limit of 20 years.