



Summary of Benefits and Rate Guide

For plans effective January 1, 2015

Vision Service Plan

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Part of the CoPower *SELECT* portfolio of vision plans underwritten by VSP® and available through CoPower, Inc.

VSP Plans

For Groups of 2 or more Employees

VSP Signature Plans

Members get premium, full-service vision plans that offer great discounts and richer out-of-network allowances.

VSP Choice Plans

Members get full-service vision plans that provide comprehensive coverage and value with competitive rates.

Exclusive VSP Member Extras

- **Truhearing®:**
Save up to \$2,400 on Digital Hearing Aids.
- **Nvision®:**
Save up to \$500 on Lasik from Nvision.
- **Contact Lens Offers:**
Bausch + Lomb \$110 Rebate
- **Glasses and Sunglasses:**
An extra \$20 to spend on brands such as Nike, Calvin Klein, & Sean John.

VISION PLANS	SIGNATURE PLANS			
	Plan A \$25		Plan B \$25	
Plan				
Network	In	Out	In	Out
Annual Copayment	\$25		\$25	
Thorough Eye Exam	Covered in full	Reimbursed up to \$50	Covered in full	Reimbursed up to \$50
Lenses by Type (glass or plastic)	Coverage	Reimbursed	Coverage	Reimbursed
Single Vision	Full	Up to \$50	Full	Up to \$50
Bifocal	Full	Up to \$75	Full	Up to \$75
Trifocal	Full	Up to \$100	Full	Up to \$100
Lenticular	Full	Up to \$125	Full	Up to \$125
Frames	\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70
Contact Lenses (in lieu of lenses and a frame)	\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105
Frequency of Services				
Eye Exam	12 months		12 months	
Lenses	24 months		12 months	
Frame	24 months		24 months	
Contact Lenses	24 months		12 months	

CHOICE PLANS			
Plan A \$20		Plan A \$25/\$25	
In	Out	In	Out
\$20		\$25 exam / \$25 glasses	
Covered in full	Reimbursed up to \$45	Covered in full	Reimbursed up to \$45
Coverage	Reimbursed	Coverage	Reimbursed
Full	Up to \$30	Full	Up to \$30
Full	Up to \$50	Full	Up to \$50
Full	Up to \$65	Full	Up to \$65
Full	Up to \$100	Full	Up to \$100
\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70
\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105
12 months		12 months	
24 months		24 months	
24 months		24 months	
24 months		24 months	

PROGRAM GUIDELINES	VSP SIGNATURE AND CHOICE PLANS
Group Size (Number of Employees)	2 or more enrolled employees Non-voluntary plans: Only groups with 10 or less enrolled employees must submit either a DE-9C or Payroll Register Voluntary plans: No special requirements (no DE-9C)
Employer Contribution	100% of employee and no minimum for dependents Voluntary plans: 0-99% of employee and no minimum for dependents
Participation	100% with a minimum of two enrolled Voluntary plans: A minimum of two enrolled to activate the plan
Rate Guarantee	12 months
Eligible Employees	Full-time, permanent employees working 30 or more hours per week
Waiting Period for Services	None

VSP's Diabetic Eyecare Program

Provides coverage of additional eyecare services specifically for members with type 1 and type 2 diabetes including: medical follow-up exams, specialized screenings and tests, medically necessary retinal imaging, and diabetic retinopathy. Members never need a referral and pay only a \$20 copay for services.

VSP's Affiliate Program

Gives employees the added convenience and access to over 1000 nationwide retail locations such as Costco Optical. Members can enjoy a covered-in-full benefit experience with equivalent benefits at any of the affiliate providers. Eye exams are covered in full, lens options get special pricing at Costco and a 20% discount at other affiliate locations, frames are covered up to an \$80 allowance at Costco and \$150 at other affiliates, and elective contact lenses are covered up to \$130 at all affiliate locations.

CHOICE PLANS CONTINUED									
Plan B \$25		Plan C \$25		Plan B \$20/\$20 Voluntary		Plan C \$25 Voluntary		Plan C \$20/\$20 Voluntary	
In	Out	In	Out	In	Out	In	Out	In	Out
\$25		\$25		\$20 exam / \$20 glasses		\$25		\$20 exam / \$20 glasses	
Covered in full	Reimbursed up to \$45	Covered in full	Reimbursed up to \$45	Covered in full	Reimbursed up to \$45	Covered in full	Reimbursed up to \$45	Covered in full	Reimbursed up to \$45
Coverage	Reimbursed	Coverage	Reimbursed	Coverage	Reimbursed	Coverage	Reimbursed	Coverage	Reimbursed
Full	Up to \$30	Full	Up to \$30	Full	Up to \$30	Full	Up to \$30	Full	Up to \$30
Full	Up to \$50	Full	Up to \$50	Full	Up to \$50	Full	Up to \$50	Full	Up to \$50
Full	Up to \$65	Full	Up to \$65	Full	Up to \$65	Full	Up to \$65	Full	Up to \$65
Full	Up to \$100	Full	Up to \$100	Full	Up to \$100	Full	Up to \$100	Full	Up to \$100
\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70	\$150 Allowance	Up to \$70	\$200 Allowance	Up to \$70
\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$150 Allowance	Up to \$105	\$200 Allowance	Up to \$105
12 months		12 months		12 months		12 months		12 months	
12 months		12 months		12 months		12 months		12 months	
24 months		12 months		24 months		12 months		12 months	
12 months		12 months		12 months		12 months		12 months	

PROGRAM GUIDELINES	VSP SIGNATURE AND CHOICE PLANS
Out-of-State	No limit on number of out-of-state employees
Administrative Fees	\$15 per month (2-4 Groups receive a 1 year discounted rate of \$10)
Overage Dependents	Up to age 26
Carve-outs	Yes, any type of carve-out is allowed such as Union/Non-union, Management/Non-management, Salaried/Hourly
1099 Employees	Yes, if the 1099 employee is covered in the group medical plan
Product Combinations	Only one plan per group allowed
Voluntary	A minimum of 2 enrolled employees are required to activate a voluntary plan
Open Enrollment	Non-voluntary plans: Yes, for unenrolled dependents Voluntary plans: Yes, for unenrolled employees and dependents

Enrollment Checklist

VSP groups must be submitted by the first of the month of the effective date of coverage.

- CoPower *SELECT* Employer Application.
- A company check for the first month's coverage including the \$15 per month administration fee*, made payable to CoPower.
- List of enrollee names, social security numbers, dates of hire, dates of birth, and dependent information (name, gender, and date of birth). Use the CoPower *SELECT* Census Enrollment Form–Dental & Vision.
 - Enrolling employees may also complete the CoPower Employee Enrollment/Change Form – All Plans.
- Non-voluntary plans:** Only groups with 10 or less enrolled employees must submit either a DE-9C or Payroll Register.
 - Voluntary plans:** DE-9C is not required.
- Waivers from employees with other group coverage.

Rates

SIGNATURE PLAN RATES		
NON-VOLUNTARY		Rates
VSP Plan A \$25 12 24 24	Employee	\$9.90
	Employee + 1	\$15.30
	Employee + 2 or more	\$25.60
VSP Plan B \$25 12 12 24	Employee	\$11.30
	Employee + 1	\$17.50
	Employee + 2 or more	\$29.30

CHOICE PLAN RATES		
NON-VOLUNTARY		Rates
VSP Choice Plan A \$20 12 24 24	Employee	\$7.90
	Employee + 1	\$12.20
	Employee + 2 or more	\$20.40
VSP Choice Plan A \$25/\$25 12 24 24	Employee	\$6.30
	Employee + 1	\$9.70
	Employee + 2 or more	\$16.30
VSP Choice Plan B \$25 12 12 24	Employee	\$9.30
	Employee + 1	\$13.40
	Employee + 2 or more	\$24.20
VSP Choice Plan C \$25 12 12 12	Employee	\$11.40
	Employee + 1	\$16.50
	Employee + 2 or more	\$29.50
VOLUNTARY		Rates
VSP Choice Plan B \$20/\$20 Voluntary 12 12 24	Employee	\$9.40
	Employee + 1	\$14.40
	Employee + 2 or more	\$24.40
VSP Choice Plan C \$25 Voluntary 12 12 12	Employee	\$12.20
	Employee + 1	\$17.50
	Employee + 2 or more	\$31.30
VSP Choice Plan C \$20/\$20 Voluntary 12 12 12	Employee	\$13.00
	Employee + 1	\$18.90
	Employee + 2 or more	\$33.80

*There is a \$15 per month administration fee; it is discounted to \$10 per month for new groups size 2-4 for the first year only.

Plan Administration:

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While the information provided in this guide is believed to be accurate as of the print date, it is subject to change without notice. For the most up-to-date rates and information, contact CoPower.

The benefit information contained in this booklet is summary in nature. It does not include all services, limitations or exclusions. Please refer to the carrier's Evidence of Coverage or Certificate of Insurance documents for terms and conditions of coverage.

