



Vision Quote

# MN CLERICAL 2025

## Plan: VSP® Choice Plan #3

Policy effective date: 2024-01-01

Policy length: 12 months





Minimum employer contributions: 0.0% for employee and 0.0% for dependent(s).

Contract length: 24 months

Quote id: 161959

Plan quote id: 793757

### Plan pricing

Employee	Employee + spouse	Employee + children	Family
\$ 4.41	\$ 8.82	\$ 7.50	\$ 12.11
Per Check	Per Check	Per Check	Per Check
			

### Frequency

Exam every	12 months
Lenses every	12 months
Frames every	12 months
Contacts (instead of glasses)	12 months

### Co-payments

Exam	\$10
Materials	\$10
Contact lens fitting & evaluation	15% discount (not to exceed \$60)

## In-network allowances

Retail frame value <sup>1,2</sup>	\$200 / 20% savings on amount over allowance
Elective contact lenses	\$200
Covered lens options	Low Vision and Polycarbonate for Children

## Value added programs

Diabetic Eyecare Plus Program <sup>SM</sup>	Included
Hearing aid discounts	Included
Eye health management	Included
Diabetic exam reminder letters	Included

## Out-of-network allowances

Examination, up to	\$45
Single vision lenses, up to	\$30
Bifocal/progressive lenses, up to	\$50
Trifocal lenses, up to	\$65
Lenticular lenses, up to	\$100
Frames, up to	\$70
Elective contact lenses, up to	\$105
Necessary contact lenses, up to	\$210

## Extra discounts & savings<sup>2</sup>

Lens enhancements	Average savings of 30% on other lens enhancements
Additional pair of glasses or sunglasses	20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
Laser vision correction (lvc)	15% discount avg.

1. Coverage with a retail chain may be different or does not apply.

2. Added value services are additional benefits offered by VSP and not included in the insurance benefit plan.

This quote is not a complete description of the insurance coverage. Controlling provisions are provided in the policy, and this quote does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this quote and the contract, the contract will govern.

Unless otherwise requested, the producer that you designate as your broker of record will receive commission as a percentage of paid premium for the insurance policies included in this quote. The producer may also qualify for bonuses based on new policies sold and/or retention of existing policies within a specific calendar year. This compensation may vary on a number of factors, including the volume and/or profitability of the insurance contracts that the producer places with Beam Insurance Services LLC. Any bonuses paid are not directly charged to the insurance policies included in this quote and do not have a direct impact on your premium rate. You may obtain information about the compensation expected to be received by the producer by requesting such information from your broker of record.

Vision insurance product underwritten by National Guardian Life Insurance Company (NGL), Madison, WI, marketed by Beam Insurance Services LLC (Beam Benefits Insurance Services LLC, in CA). Policy form number NVIGRP 2020. Vision product underwritten by Nationwide Life Insurance Company, Columbus, OH in DE, ID, NY, LA, UT, OH, TX and NM. Vision coverage applicable to policy form GVIS AO L20, or state equivalent. Vision insurance products underwritten by Vision Service Plan (VSP) in WA. Not all products available in all states. Vision product administered by Vision Service Plan Insurance Company. VSP is a registered trademark of Vision Service Plan.

Two life groups made up of only a husband-wife, domestic partners or same-sex couple are not eligible for coverage.

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