

Group Vision

All Eligible Employees

Plan design and rates

Plan 3 design summary

Vision Plan Overview	
Eligible Employees	All Full-Time United States Employees working in the United States Who Are Scheduled To Work A Minimum Of 20 Hours Per Week
Effective Date	January 1, 2022
Plan Type	Plan 3
Locating a VSP doctor	A listing is available at vsp.com or by calling 1.800.877.7195
Out-of-Network Providers	Members will receive a lesser benefit and should contact VSP at 1.800.877.7195 for more details.
Dependent Coverage Children	Children to age 26
Annual Enrollment Period	This plan includes an annual enrollment period, which provides an opportunity for late applicants to join the plan and allows for benefit changes.
Employee Coverage Contributions	100% Employer Paid
Dependent Coverage Contributions	Employee pays for a portion or all of the cost of Dependent coverage

Plan 3 Covered Expenses

Vision Insurance Schedule - Full Service			
Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210

Group Vision coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01

Lens Enhancements			N/A
Standard progressive Premium progressive Custom progressive		\$55 copay \$95 - \$105 copay \$150 - \$175 copay Average savings of 20-25% on other lens enhancements	
Frames	1 per 24 months	<ul style="list-style-type: none"> \$150 for the frame of your choice and 20% off the amount over your allowance \$80 allowance at Costco® and Walmart®* 	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	<ul style="list-style-type: none"> Up to \$60 / 15% savings for your contact lens exam (fitting and evaluation) \$150 for contact lenses 	Up to \$105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco® and Walmart® for VSP member pricing. The Costco and Walmart allowance is equivalent to the allowance at preferred providers and other retail providers.		

Vision Rates and Premium

	Total employees	Vision monthly rate	Total monthly premium
Employee only	56	\$7.97	\$446.32
Employee + spouse	7	\$15.94	\$111.58
Employee + child(ren)	3	\$17.53	\$52.59
Employee, spouse + child(ren)	2	\$25.49	\$50.98
Total	68		\$661.47

Sequence Number: 18

For illustration purposes, the total employee shown for each plan is based on data provided to us. Actual employee will vary at final enrollment.

Rates assume 76 eligible employees, with 68 participating or 89.5% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.

Sun Life reserves the right to adjust rates if final participation is more than 10% different from the participation provided at quote.

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Included in this Plan:

- A flat 10% broker commission
- 12-month rate guarantee from the Effective Date
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

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Assumptions

- A minimum of 20% participation or 2 employees is required at point of sale. If the enrollment of this group drops below 2 employees this proposal is not valid.
- This fully insured plan will replace any VSP discount plan currently offered by Sun Life.
- Claim forms are not required for in-network vision providers.
- Assumes direct employer-employee relationship.
- If Experience is provided, any plan changes within the experience period must be disclosed at the time of quoting.
- Sun Life is assumed to be the sole provider of vision insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- Sun Life requires a final census, which includes participation information for contributory/voluntary benefits, before the point of sale and reserves the right to re-rate the proposal upon verification of dates of birth, genders, salaries, individual benefit elections, and occupations.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.
- The rates quoted are based on the information provided to us at the time of proposal and reflect the risk presented and benefits requested at that time. Any change in our risk or any change in the benefits requested may result in a change of premium rates, a change in the plan offered, or a withdrawal of the proposal.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

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