

# Great coverage. Great service. Great value. 40 Square Cooperative Solutions



## RSL Voluntary Vision

Reliance Standard has partnered with 40 Square Cooperative Solutions to provide two VSP plan designs that give employees the opportunity to receive affordable vision coverage with a two-year rate guarantee.

- Choose electronic certificate delivery (eCert) to save money and reduce our dependence on paper
- Covered members (even their pets) can also save on prescription medications through Walmart or Sam's Club pharmacies nationwide (Sam's membership not required)



**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY  
A MEMBER OF THE TOKIO MARINE GROUP

# Sharper Vision (VSP Network)

We do everything in our power to make sure you and your employees are satisfied. That includes offering Sharper Vision, our vision plans featuring the VSP® nationwide network. Choose a VSP provider and VSP guarantees 100% satisfaction.

## In-Network Plan Highlights

- If the member chooses a frame exceeding the frame allowance, he/she will receive a 20% discount off the excess amount
- Enjoy 20% off additional non-covered complete pairs of prescription glasses and sunglasses
- Contact lens exam, fitting and follow-up have a maximum member cost of \$60
- Get special pricing on lens options
- For LASIK or PRK, save an average of 15% off the usual price—or 5% off the promotional price—with VSP and a contracted laser surgery center
- VSP network includes access to retail chains
- Costco® Optical and Visionworks® retail chain affiliate providers offer members an in-network experience

- Costco frames are the wholesale equivalent, no membership required for eye exam; Visionworks frames match in-network allowance, Visionworks stores include EyeMasters® and many more
- These retail chain affiliates may offer VSP savings on LASIK or PRK
- Find a provider at [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) or call VSP at 800.877.7195

## Sharper Vision Specifics

- Members pay a \$10 annual deductible on exams and \$25 annual deductible on materials
- Frequency for Exam-Lenses-Frame is 12-12-24 months
- Contacts are in lieu of other lens benefits.

### Sharper Vision – Option A

[V20021]

The VSP Choice Network includes more than 27,000 providers and 43,000 access points.

Sharper Vision Benefits	VSP Choice Network	Out-of-Network
Annual Eye Exam	100% covered*	covers up to \$45*
Single Vision Lenses	100% covered*	covers up to \$30*
Bifocal Lenses	100% covered*	covers up to \$50*
Trifocal Lenses	100% covered*	covers up to \$65*
Lenticular Lenses	100% covered*	covers up to \$100*
Frame	covers up to \$150*	covers up to \$75*
Contact Lenses	covers up to \$150	covers up to \$120

Progressive lenses covered up to bifocal allowance with a member cost of \$55-175

\*subject to \$10 annual deductible on exams and \$25 annual deductible on materials

### Sharper Vision – Option B

[V20001]

The VSP Choice Network includes more than 27,000 providers and 43,000 access points.

Sharper Vision Benefits	VSP Choice Network	Out-of-Network
Annual Eye Exam	100% covered*	covers up to \$45*
Single Vision Lenses	100% covered*	covers up to \$30*
Bifocal Lenses	100% covered*	covers up to \$50*
Trifocal Lenses	100% covered*	covers up to \$65*
Lenticular Lenses	100% covered*	covers up to \$100*
Frame	covers up to \$130*	covers up to \$70*
Contact Lenses	covers up to \$130	covers up to \$105

Progressive lenses covered up to bifocal allowance with a member cost of \$55-175

\*subject to \$10 annual deductible on exams and \$25 annual deductible on materials

## VSP Vision Limitations and Exclusions

- Please check for availability in your state.
- Covered Expenses will not include, and no benefits will be payable for, expenses incurred for:
  - 1) Eye exam more than once in any 12-month period or lenses more than once in any 12-month period.
  - 2) Frames more than once in any 24-month period.
  - 3) Elective contact lenses more than once in any 12-month period. Contact lenses and associated expenses are in lieu of any other lenses or frame benefit.
  - 4) Medically necessary contact lenses more than once in any 12-month period. The treating provider determines if an insured meets the coverage criteria for this benefit. This benefit is in lieu of elective contact lenses.
- Any procedure to change the shape of the cornea in order to reduce myopia.
- Refitting of contact lenses after the initial 90-day fitting period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Contact lens modification, polishing or cleaning.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Claims filed more than 180 days after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- The following materials, over and above the covered expense for the basic material: blended lenses, oversized lenses, and photochromic or tinted lenses except pink #1 and #2.
  - 1) Coating or laminating of the lens or lenses.
  - 2) Corrective vision treatments that are experimental.
  - 3) Corneal refractive therapy (CRT).
- Costs for services and/or materials that exceed the maximum covered expense.
- Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located.
- Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.