



Dearborn School Employee Health Plan - DSOEA

Trust Choice Vision Plan

Summary of Benefits for

Active Employees

Effective May 1, 2012

About Your Vision Plan

Other organizations also participate in this Plan; however, there are certain provisions that only apply to employees at your employer. Provisions specific to your employer's Plan are detailed in the following chart.

Effective Date	May 1, 2012
Plan Name	Consolidated Benefit Trust Choice Vision Plan
Group Number	8042
Employer	DSEHP-DSOEA 18700 Audette Dearborn, MI 48124
Employer Identification Number (EIN)	38-1456543
Eligible Employees	All Eligible Employees
Service Requirement	First of the month following date of hire
Minimum Hour Requirement	As insured eligible
Employee Contributions	This Plan does not require employee contributions
Open Enrollment Period	August 23 rd through September 24 th effective October 1 st
Termination of Coverage	First of the month following date of termination
Dependent Child Eligibility	End of the calendar year of the 26th birthday
Assignment of Benefits	Benefits may be assigned
Coordination of Benefits	This Plan coordinates benefits
Network	VSP

Benefit Administrator	Vision Service Plans (VSP) www.vsp.com 800-877-7195
Underwritten by:	Associated Mutual
Benefit Period	January 1 through December 31
Plan Year	The records of the Plan are kept separately for each Plan Year. The Plan Year begins on January 1 st and ends on December 31 st .
Agent for Service of Legal Process	Andrew Nickelhoff, Fund Counsel Sachs Waldman, P.C. 1000 Farmer Detroit, MI 48226



Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

Personalized Care. A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit vsp.com or call 800.877.7195.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit vsp.com or call 800.877.7195.

Dearborn Schools Employee Healthcare Program and VSP provide you an affordable eyecare plan.

Doctor Network.....VSP Choice

Your Coverage with a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness

- \$6 copay **every 12 months**

Prescription Glasses

- \$12 copay

Lenses..... **every 12 months**

- Single vision, lined bifocal, and lined trifocal lenses, tints and photochromic
- Polycarbonate lenses for dependent children

Frame..... **every 12 months**

- \$50 allowance for a wide selection of frames
- 20% off the amount over your allowance

~OR~

Contact Lens Care

- No copay **every 12 months**

\$90 allowance for contacts and the contact lens exam (fitting and evaluation).

Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of replacement lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 20-25% savings on all non-covered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam	Up to \$45
Single vision lenses	Up to \$30
Lined bifocal lenses	Up to \$50
Lined trifocal lenses	Up to \$65
Frame	Up to \$38
Contacts	Up to \$75

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

