

Fordham University Benefit Summary

VSP Vision Plan: Base Option



This summary was prepared to help you understand the benefits available through your VSP Vision Plan: **Base Option**. If you want more details about your coverage and costs, you can find the complete terms in the plan documents. Your contact for plan information is the University's Benefits Office at **(718) 817-4932** or **benefits@fordham.edu**.

The Vision Plan is offered through a network of participating vision care providers. Your share of the cost is always lower when you receive care from a VSP provider. Plus, VSP providers file claims for you. If you choose to go out-of-network for care, VSP provides an allowance toward the cost. If your out-of-network provider charges more than the VSP allowance, you are responsible for the difference in cost.

In-network, VSP covers the full cost of an annual eye exam after you pay a \$5 copay. The plan helps cover the cost of eyeglasses and contact lenses as well. Your share of the cost depends on the type of lenses you need. VSP also offers discounts on products and services such as extra glasses, sunglasses, and laser vision surgery.

You will find additional details about covered services and special offers at **vsp.com**.

This summary describes key plan features. A chart with common vision services shows how you and the plan share costs when you have vision expenses.

A summary of in-network plan benefits

The chart that follows shows how you and the plan share costs for care received within the VSP provider network. Your covered dependents are eligible for the same benefits described below.

Common vision events	Services/supplies you may need	How you and the plan share in-network costs	Limitations and exclusions
You get a routine eye exam	<ul style="list-style-type: none"> • Vision test • Physical examination to evaluate eye health • Glaucoma test • Test for color blindness 	Your copay is \$5	Covers one exam every year

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Common vision events	Services/supplies you may need	How you and the plan share in-network costs	Limitations and exclusions
You need eyeglasses		Your copay is \$10	
	<ul style="list-style-type: none"> Frame 	<p>The plan allowance is:</p> <ul style="list-style-type: none"> \$150 for a wide selection of frames \$170 for featured brands \$80 at Costco <p>You receive a 20% discount on expenses over the allowance</p>	<p>The plan covers new frames every other year</p> <p>In addition to your copay, you pay amounts that exceed the frame allowance</p>
	<ul style="list-style-type: none"> Standard lenses: single vision, lined bifocal, lined trifocal 	No additional cost to you	You are eligible for new lenses every year
	<ul style="list-style-type: none"> Enhanced lenses 	<p>Your copay is:</p> <ul style="list-style-type: none"> \$55 for standard progressive lenses \$95-\$105 for premium progressive lenses \$150-\$175 for custom progressive lenses 	You are eligible for new lenses every year
You get contact lenses instead of glasses	<ul style="list-style-type: none"> Contact lens evaluation and fitting Contact lenses 	<p>Your copay is up to \$60 toward contact lens exam (fitting & evaluation)</p> <p>The plan allowance for contact lenses is \$150</p>	<p>Contact lens expenses are covered every year, as an alternative to eyeglasses</p> <p>You pay amounts that exceed the contact lens allowance</p>
You participate in the VSP Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) Retinal screening for diabetics 	Your copay is \$20	These benefits are coordinated with medical plan benefits. Check with VSP doctor for details

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If you go out-of-network for care

If you see an eye care provider who is not in the VSP network, you will be eligible for an allowance depending on the service or supplies provided. You will be responsible for charges that exceed the allowances shown in the chart below. Out-of-network providers may not file claims for you, which means you may need to pay the expense up front and then file a claim for reimbursement.

Vision service/supplies	Out-of-network allowance
Exam	Up to \$45
Frame	Up to \$70
Single vision lenses	Up to \$30
Lined bifocal lenses	Up to \$50
Lined trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Contacts	Up to \$105

Finding an in-network provider

To find an eye care provider or retail chain affiliate, visit vsp.com or call (800) 877-7195.

Extra savings with VSP

As a VSP plan member, you are eligible for additional savings:

- An extra \$20 to spend on featured frame brands
- 20% savings on additional glasses and sunglasses from any VSP doctor within 12 months of your last eye exam
- Average 15% off the regular price or 5% off the promotional price for laser surgery at a VSP-contracted facility

Exclusions

Certain vision expenses are not covered under the plan:

- Two pairs of glasses instead of bifocals
- Replacement of lenses, frames, or contacts
- Medical or surgical treatment
- Orthoptics
- Vision training or supplemental testing
- Contact lens exclusions:
 - Insurance policies or service agreements
 - Artistically painted or nonprescription lenses
 - Additional office visits for contact lens pathology
 - Contact lens modification; polishing or cleaning