

A LOOK AT YOUR CIS TRUST VISION PLAN 1 COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CIS TRUST - VISION PLAN 1



cis benefits
cisbenefits.org

As a member of CIS' vision plan, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Visionworks

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST
STYewear

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Contact us: **800.877.7195** or vsp.com

This vision plan is insured by CIS but administered by VSP. This means that CIS, not VSP, pays for your covered vision services and supplies.

YOUR VISION BENEFITS SUMMARY

CIS TRUST - VISION PLAN 1

EFFECTIVE DATE: 01/01/2022

PROVIDER NETWORK:

VSP Choice



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BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every calendar year
PRESCRIPTION GLASSES		\$0	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$120 frame allowance \$140 featured frame brands allowance 20% savings on the amount over your allowance \$65 Costco®/Walmart/Sam's Club® frame allowance 	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> All progressive lenses Average savings of 30% on other lens enhancements 	\$50	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$166 allowance for contacts and contact lens fitting and evaluation exam; copay does not apply 	\$0	Every calendar year
SAFETY® (EMPLOYEE-ONLY COVERAGE)			
FRAME	<ul style="list-style-type: none"> \$65 allowance for a safety frame; 20% savings on the amount over your allowance Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$0 for frame and lenses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Prescription single vision, lined bifocal, and lined trifocal Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	Combined with Frame	Every calendar year
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to \$45	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30	Lenticular Lenses.....	up to \$100	Frame	up to \$70
Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50	Necessary Contact Lenses.....	up to \$210

Submit claims for out-of-network providers on-line at vsp.com or send a claim form along with your itemized receipt to:

VSP OA Claims; PO Box 385018, Birmingham, AL 35238-5018

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to vsp.com to find an in-network provider based on your plan type.

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*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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