



## A LOOK AT YOUR CIS TRUST VISION PLAN - A COVERAGE

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

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



cis benefits  
[cisbenefits.org](http://cisbenefits.org)

#### 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.

**PREMIER**  
PROGRAM

**Visionworks**

#### 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.

#### 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.

#### GET YOUR PERFECT PAIR

**EXTRA \$20 +**

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST  
STEWART

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](http://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-A

EFFECTIVE DATE: 01/01/2022

PROVIDER NETWORK:

VSP Choice



cis benefits  
cisbenefits.org

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"><li>\$170 frame allowance</li><li>\$190 featured frame brands allowance</li><li>20% savings on the amount over your allowance</li><li>\$95 Costco®/Walmart/Sam's Club® frame allowance</li></ul>	Included in Prescription Glasses Copay	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li></ul>	Included in Prescription Glasses copay	Every calendar year
LENS ENHANCEMENTS	<div>▽ All progressive lenses</div> <ul style="list-style-type: none"><li>Photochromic lenses/tints</li><li>Polycarbonate lenses</li><li>Scratch coating</li><li>Anti-reflective/Blue Light coating</li><li>UV Protection</li><li>Average savings of 30% on other lens enhancements</li></ul>	<div>\$50</div> <div>\$0</div> <div>\$0</div> <div>\$0</div> <div>\$0</div> <div>\$0</div>	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$166 allowance for contacts and contact lens fitting and evaluation exam; copay does not apply</li></ul>	\$0	Every calendar year
SAFETY® (EMPLOYEE-ONLY COVERAGE)			
FRAME	<ul style="list-style-type: none"><li>\$65 allowance for a safety frame; 20% savings on amount over your allowance</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	\$0 for frame and lenses	Every other calendar year
LENSES	<ul style="list-style-type: none"><li>Prescription single vision, lined bifocal, and lined trifocal</li><li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li></ul>	Included in Frame Allowance	Every calendar year
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
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 \$50	Lenticular Lenses.....	up to \$105
Single Vision Lenses .....	up to \$35	Progressive Lenses .....	up to \$105
Lined Bifocal Lenses .....	up to \$55	Tints .....	up to \$5
Lined Trifocal Lenses .....	up to \$70	Contacts .....	up to \$110
		Frame .....	up to \$70
		Necessary Contact Lenses.....	up to \$215
Submit claims for out-of-network providers on-line at <a href="http://vsp.com">vsp.com</a> 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 <b>vsp.com</b> 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](http://vsp.com) to find an in-network provider based on your plan type.

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\*Only available to employees. Lens enhancements are not covered for safety glasses. 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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