





Notice to Client: In the event this document is used to develop a Summary Plan Description, complete the information below, as applicable.

## HOW TO USE THIS PLAN



CLAIM PAYMENTS AND DENIALS

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INDIVIDUAL CONTINUATION OF BENEFITS

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THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

DEFINITIONS:

ADDITIONAL BENEFIT  
RIDER





EXHIBIT A

SCHEDULE OF BENEFITS  
VSP Choice Plan®

GENERAL

ELIGIBILITY

COVERED SERVICES AND MATERIALS

EYE EXAMINATION- Covered in full\* once every 12 months\*\*

LENSES - Covered in full\* once every 12 months\*\*

FRAMES -

CONTACT LENSES

ELECTIVE

NECESSARY

## LOW VISION

Supplemental Testing: Covered in full\*.

-Includes evaluation, diagnosis and prescription of vision aids where indicated.

Supplemental Aids: 75% of VSP Preferred Provider's fee, up to \$1000.00\*

## EXCLUSIONS AND LIMITATIONS OF BENEFITS



## LOW VISION

Supplemental Testing: Up to \$125.00\*.

-Includes evaluation, diagnosis and prescription of vision aids where indicated.

Supplemental Aids: 75% of VSP Preferred Provider's fee, up to \$1000.00\*

## OPEN ACCESS PROVIDERS

Exhibit C

VISION SERVICE PLAN INSURANCE COMPANY  
ADDITIONAL BENEFIT RIDER  
DIABETIC EYECARE PLUS PROGRAM

GENERAL





PLAN BENEFITS  
VSP PREFERRED PROVIDER

COVERED SERVICES

Eye Examination:

Special Ophthalmological Services:

EXCLUSIONS AND LIMITATIONS OF BENEFITS

## DIABETIC EYECARE PLUS PROGRAM DEFINITIONS

PLAN BENEFITS  
OPEN ACCESS PROVIDERS

COVERED SERVICES

Eye Examination:

Special Ophthalmological Services:

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Summary of Benefits and Coverage  
VSP Choice Plan

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