

# Wilcox & Barton INC.

CIVIL • ENVIRONMENTAL • GEOTECHNICAL

## BENEFITS GUIDE



## **BENEFITS**

At Wilcox & Barton, Inc., we understand the importance of knowing about your benefits. Wilcox & Barton, Inc. offers a dynamic work environment with numerous advancement opportunities. We firmly believe in the professional development of our staff and regularly promote from within.

### **HEALTH & WELFARE BENEFITS**

- Medical Insurance with Blue Cross/Blue Shield and MVP Health Care
- Dental Insurance with Delta Dental
- Vision Plan with VSP Vision
- Life and AD&D Insurance
- Short and Long-Term Disability Plans
- Unlimited Vacation Time
- Flexible Work Environment

### **FINANCIAL BENEFITS**

- A Competitive Salary
- 401K Profit Sharing Plan

### **CAREER PLANNING**

- Professional Development Program
- Registration and Licensing Fees
- Professional Society Memberships

### **STAFF RECOGNITION**

- Distinguished Performance Awards
- Years of Service Awards
- Practice Excellence Awards

## BENEFITS OVERVIEW

### WHAT WE OFFER:

- Medical Insurance
- Life and Disability Insurance
- Dental Insurance
- Vision Insurance
- 401K Profit Sharing Plan
- Unlimited paid vacation time
- Paid holidays
- Flexible work environment
- Paid registration and licensing fees

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### ELIGIBILITY:

If you are a full-time or part-time employee scheduled to work 32 hours or more per week, you are eligible for benefits. We know that taking care of your family is important, too. That's why when you enroll in any of the Wilcox & Barton, Inc. benefit plans, you can also enroll your:

- Spouse, same-sex domestic partner, or opposite-sex domestic partner
- Children, up to age 26; including stepchildren
- Children of your domestic partner
- Legally adopted children
- Children of any age who are disabled

### WHEN YOU CAN ENROLL

You can enroll for benefits when you are hired, during open enrollment, or after experiencing a qualified life event during the year.

**As a new hire:** You must enroll within 30 days of your date of hire. The benefits you elect take place on the first of the month following your hire date. Elections you make as a new hire remain in effect until the next Open Enrollment period unless you experience a qualified life event during the year.

**During open enrollment:** Each year, you will have the opportunity to review your benefit choices for the following year during open enrollment. Open enrollment is usually conducted in December, and any elections you make during open enrollment take effect January 1<sup>st</sup>.

### MAKING CHANGES DURING THE YEAR

If you experience a qualified life event during the year, please reach out to the Human Resources Manager within 30 days of the event to enroll for coverage or make changes to your existing coverage. Documentation will be required. A qualified life event is as follows:

- Marriage
- Divorce or legal separation
- Birth, adoption, or placement for adoption of an eligible child
- Death of a spouse or covered child
- A change in you or your dependent's work status that affects benefits eligibility (starting a new job, leaving a job, changing from part-time to full time, starting or returning from unpaid leave of absence)
- Becoming eligible for Medicare or Medicaid during the year

## **COMPANY REIMBURSEMENTS**

### **WHAT WE OFFER:**

- Mileage reimbursement at the IRS-based rate for company use of personal vehicle
- Company provided mobile phone or personal mobile phone reimbursement for company usage
- Fees for certifications, training, and licensing will be 100% paid by Wilcox & Barton, Inc.

## RETIREMENT SAVINGS 401K

Wilcox & Barton, Inc. provides benefits for your financial needs today and tomorrow, by offering a traditional 401K plan, as well as a Roth 401K plan.

**ELIGIBILITY:** You are eligible to participate in January or July following your hire date.

**ELIGIBILITY:** For those 50 or older, you are eligible to contribute additional pre-tax funds to your 401K accounts.

## **INSURANCE**

### **MEDICAL INSURANCE**

- Blue Cross Blue Shield of Vermont
  - MVP Health Care, Inc.
  - Effective first of the month following date of hire.
  - Wilcox & Barton, Inc. contributes \$580.00 per month towards premium cost, with the balance of the premium cost to be paid by the employee through Section 125 (pre-tax payroll deduction)
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### **LIFE INSURANCE/SHORT & LONG-TERM DISABILITY**

- Mandatory enrollment in both
  - Effective first of the month following date of hire
  - 100% of the premium cost is borne by the employee as an after-tax payroll deduction on a bi-weekly basis
- 

### **DENTAL INSURANCE**

- Delta Dental
  - Effective first of the month following date of hire
  - 100% of premium cost is paid by the employee through Section 125 (pre-tax payroll deduction)
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### **VISION INSURANCE**

- VSP
- Effective first of the month following date of hire
- 100% of premium cost is paid by the employee through Section 125 (pre-tax payroll deduction)



## LIFE AND DISABILITY INSURANCE

Life can suddenly take an unexpected turn. Life, accident, AD&D, and disability insurance provide financial protection to you and your family.

### BASIC LIFE AND AD&D INSURANCE

Basic Life and AD&D Insurance coverage equal 1 times your annual earnings.

### SHORT TERM DISABILITY (STD)

STD pays you a percentage of your weekly earnings, up to a maximum account, in the event you become ill or injured due to a covered disability and are not able to work. Coverage is as follows:

<i>Benefit</i>	60% of basic weekly earnings
<i>Maximum Benefit</i>	\$2,500.00 per week
<i>When Benefits Start</i>	0 days due to an injury 7 days due to a sickness
<i>Duration of Benefits</i>	Up to 13 weeks

### LONG TERM DISABILITY (LTD)

LTD pays you a percentage of your weekly earning, up to a maximum amount, in the event you become ill or injured due to a covered disability and are not able to work for more than 90 days. LTD would go into effect once STD has been exhausted.

<i>Benefit</i>	60% of basic monthly earnings
<i>Maximum Benefit</i>	\$10,000.00 per month
<i>When Benefits Start</i>	90 days after accident or illness occurs (STD has been exhausted)

## HEALTH SAVINGS ACCOUNT (HSA)

### WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a tax-advantaged medical savings account available to employees who are enrolled in a High-Deductible Health Plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. Unlike a flexible spending account (FSA), HSA funds roll over and accumulate year to year if they are not spent. HSAs are owned by the individual and can be taken with the employee when they leave the company.

HSA funds may be used to pay for qualified medical expenses at any time without federal tax liability or penalty. Withdrawals for non-medical expenses are treated very similarly to those in an individual retirement account (IRA) in that they may provide tax advantages if taken after retirement age, and they incur penalties if taken earlier.

	SINGLE	FAMILY
<i>2023 Annual Contribution Limits</i>	Up to \$3,850	Up to \$7,750





## Medical Renewal 2023

### Wilcox & Barton Inc

	BCBSVT Standard Platinum				BCBS Vermont Select CDHP Gold			
Deductible/OOP Max								
Deductible	<u>Individual</u>		<u>2-Person / Parent and Child(ren) / Family</u>		<u>Individual</u>		<u>2-Person / Parent and Child(ren) / Family</u>	
Medical Deductible	\$425		\$850		\$2,675		\$5,350	
RX Deductible*	\$0		\$0		Integrated w/ Medical		Integrated w/ Medical	
TOTAL DEDUCTIBLE	\$425		\$850		\$2,675		\$5,350	
Out-of-Pocket Maximum								
Medical	\$1,500		\$3,000		\$2,675		\$5,350	
RX	\$1,400		\$2,800		\$1,500		\$3,000	
TOTAL OOP	\$2,900		\$5,800		\$2,675		\$5,350	
NET OOP FOR EMPLOYEES	\$2,900		\$5,800		\$2,675		\$5,350	
Family Deductible/OOP	Stacked				Aggregate			
Medical Deductible Waived For:	Prev, OV, UC				Preventive			
Drug Deductible Waived For:	N/A				Wellness Scripts - \$5/40%/60%			
Service Category	Cost Sharing *				Cost Sharing *			
Inpatient/Outpatient	Ded then 10%				Ded then 0%			
ER	Ded then \$100				Ded then 0%			
Radiology (MRI, CT, PET)	Ded then 10%				Ded then 0%			
Preventive	\$0				\$0			
PCP/MH/SA Office Visit	3 visits No Cost then \$15				Ded then 0%			
Specialist Office Visit	\$40 NoDD				Ded then 0%			
Prescription Drugs								
Generic	\$10 NoDD				PrevD \$5 / Ded then \$0			
Preferred Brand	\$50 NoDD				PrevD 40% / Ded then \$0			
Non-Preferred Brand	50% NoDD				PrevD 60% / Ded then \$0			
Rates	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Total Monthly Premium	\$994.55	\$1,989.10	\$1,919.48	\$2,794.69	\$807.94	\$1,615.68	\$1,559.13	\$2,270.03
Employer Contribution (per month)	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00
Employee Contribution (per month)	\$414.55	\$1,409.10	\$1,339.48	\$2,214.69	\$227.94	\$1,035.68	\$979.13	\$1,690.03
Net Exposure Including Premium	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Employee Net Maximum Exposure	\$7,874.60	\$22,709.20	\$21,873.76	\$32,376.28	\$5,410.28	\$17,778.16	\$17,099.56	\$25,630.36



## Medical Renewal 2023

### Wilcox & Barton Inc

Deductible/OOP Max		BCBSVT Standard Bronze							
Deductible		<u>Individual</u>	<u>2-Person / Parent and Child(ren) / Family</u>			<u>Individual</u>	<u>2-Person / Parent and Child(ren) / Family</u>		
Medical Deductible		\$6,450	\$12,900						
RX Deductible*		\$1,100	\$2,200						
TOTAL DEDUCTIBLE		\$7,550	\$15,100						
Out-of-Pocket Maximum									
Medical		\$9,100	\$18,200						
RX		\$1,400	\$2,800						
TOTAL OOP		\$9,100	\$18,200						
NET OOP FOR EMPLOYEES		\$9,100	\$18,200						
Family Deductible/OOP		Stacked							
Medical Deductible Waived For:		Preventive							
Drug Deductible Waived For:		N/A							
Service Category		Cost Sharing *				Cost Sharing *			
Inpatient/Outpatient		Ded then 50%							
ER		Ded then 50%							
Radiology (MRI, CT, PET)		Ded then 50%							
Preventive		\$0							
PCP/MH/SA Office Visit		Ded then \$35							
Specialist Office Visit		Ded then \$90							
Prescription Drugs									
Generic		\$15 NoDD							
Preferred Brand		Ded then \$85							
Non-Preferred Brand		Ded then 60%							
Rates		Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Total Monthly Premium		\$577.51	\$1,155.02	\$1,114.59	\$1,622.80	\$0	\$0	\$0	\$0
Employer Contribution (per month)		\$577.51	\$580.00	\$580.00	\$580.00				
Employee Contribution (per month)		\$0.00	\$575.02	\$534.59	\$1,042.80	\$0	\$0	\$0	\$0
Net Exposure Including Premium		Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Employee Net Maximum Exposure		\$9,100.00	\$25,100.24	\$24,615.08	\$30,713.60				



## Medical Renewal 2023

### Wilcox & Barton Inc

	MVP Bronze 3 Standard Plan - HDHP				MVP Bronze 5 VT Plus Non Standard Plan			
Deductible/OOP Max								
Deductible	<u>Individual</u>		<u>2-Person / Parent and Child(ren) / Family</u>		<u>Individual</u>		<u>2-Person / Parent and Child(ren) / Family</u>	
Medical Deductible	\$5,800		\$11,600		\$9,100		\$18,200	
RX Deductible*	Integrated w/ Medical		Integrated w/ Medical		Integrated w/ Medical		Integrated w/ Medical	
TOTAL DEDUCTIBLE	\$5,800		\$11,600		\$9,100		\$18,200	
Out-of-Pocket Maximum								
Medical	\$7,100		\$14,200		\$9,100		\$18,200	
RX	\$1,500		\$3,000		Integrated with medical		Integrated with medical	
TOTAL OOP	\$7,100		\$14,200		\$9,100		\$18,200	
NET OOP FOR EMPLOYEES	\$7,100		\$14,200		\$9,100		\$18,200	
Family Deductible/OOP	Aggregate				Stacked			
Medical Deductible Waived For:	Preventive				Preventive, 3 PCP NoDD			
Drug Deductible Waived For:	\$0				Generic Scripts			
Service Category	Cost Sharing *				Cost Sharing *			
Inpatient/Outpatient	Ded then 50%/50%				Ded then 0%			
ER	Ded then 50%				Ded then 0%			
Radiology (MRI, CT, PET)	Ded then 50%				Ded then 0%			
Preventive	\$0				\$0			
PCP/MH/SA Office Visit	Ded then 50%				3 PCP visits at \$0 then 0%			
Specialist Office Visit	Ded then 50%				Ded then 0%			
Prescription Drugs								
Generic	\$12				\$35 NoDD			
Preferred Brand	40%				0%			
Non-Preferred Brand	60%				0%			
Rates	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Total Monthly Premium	\$586.05	\$1,172.10	\$1,131.08	\$1,646.80	\$580.00	\$1,160.84	\$1,120.21	\$1,630.98
Employer Contribution (per month)	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00	\$580.00
Employee Contribution (per month)	\$6.05	\$592.10	\$551.08	\$1,066.80	\$0.00	\$580.84	\$540.21	\$1,050.98
Net Exposure Including Premium	Single	2-Person	Parent and Child(ren)	Family	Single	2-Person	Parent and Child(ren)	Family
Employee Net Maximum Exposure	\$7,172.60	\$21,305.20	\$20,812.96	\$27,001.60	\$9,100.00	\$25,170.08	\$24,682.52	\$30,811.76

## VACEplus Insurance Program Group #7151

*This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Outline of Coverage		Plan 1 – PPO Plus Premier Network	Plan 2 – PPO Network	Plan 3 – PPO Plus Premier Network
<b>Coverage A</b>	<b>DIAGNOSTIC:</b> Evaluations twice in a 12-month period X-rays (complete series or panoramic) once in a 5-year period Bitewing X-rays once in a 12-month period X-rays of individual teeth as necessary <b>PREVENTIVE:</b> Cleanings twice in a 12-month period. Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19	100%	100%	100%
<b>Coverage B</b>	<b>BASIC RESTORATIVE:</b> Amalgam (silver) fillings Resin/Composite (white) fillings (on anterior teeth only) <b>ORAL SURGERY:</b> Surgical and routine extractions <b>ENDODONTICS:</b> Root canal therapy <b>PERIODONTICS:</b> Periodontal maintenance (cleaning). Note: <i>Cleanings are limited to two in a 12-month period. These can be routine (Coverage A) or periodontal (Coverage B) or one of each.</i> Treatment of gum disease Clinical Crown Lengthening once per tooth per lifetime <b>DENTURE REPAIR:</b> Repair of a removable denture to its original condition <b>EMERGENCY PALLIATIVE TREATMENT</b>	80%  After a 6-Month Waiting Period*	60%  After a 6-Month Waiting Period*	50%  After a 6-Month Waiting Period*
<b>Coverage C</b>	<b>MAJOR RESTORATIVE:</b> Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants	50%  After a 12-Month Waiting Period*	60%  After a 12-Month Waiting Period*	N/A
<b>Coverage D</b>	<b>ORTHODONTICS:</b> Correction of crooked teeth for adults and children	50%  After a 12-Month Waiting Period	60%  After a 12-Month Waiting Period	N/A
<b>Calendar Year Maximum</b> for Coverage A, B, & C (excludes orthodontics) <b>Health through Oral Wellness® program</b> included (please see page 2)		\$2,000 up to \$4,000 with Double-Up Max <sup>SM</sup>	\$1,200 up to \$2,400 with Double-Up Max <sup>SM</sup>	\$1,000
<b>Orthodontic Lifetime Maximum</b> (per person)		\$1,500	\$1,200	N/A
<b>Lifetime Deductible</b> Applies to Coverages B and C		<b>\$100</b> per patient <b>\$300</b> per family	<b>\$100</b> per patient <b>\$300</b> per family	<b>\$50</b> per patient <b>\$150</b> per family
<b>Rates</b> <b>Effective 1/1/23 – 12/31/23</b>		Single <b>\$50.00</b> 2-Person <b>\$91.00</b> Family <b>\$152.00</b>	Single <b>\$42.00</b> 2-Person <b>\$73.00</b> Family <b>\$116.00</b>	Single <b>\$31.00</b> 2-Person <b>\$52.00</b> Family <b>\$94.00</b>

**Please Note:** - The plan selection may not be changed until the next open enrollment.  
- The plan selection must be the same for both employee and dependents.

*\*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group's original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.*

## Delta Dental PPO and PPO plus Premier Networks

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- No Balance Billing: Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- No Claims Paperwork: Participating dentists will prepare and submit claims for you.
- Direct Payment: Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at [nedelta.com](http://nedelta.com), or call Customer Service at 1-800-832-5700.

## Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under *your* Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at [nedelta.com](http://nedelta.com)) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

## Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by calling Northeast Delta Dental or visiting [nedelta.com](http://nedelta.com). Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

## Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a *pre-treatment estimate* for any dental work involving costly or extensive treatment plans. Predeterminations helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

## Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our Customer Service Department at 1-800-832-5700.

## Identification Cards

Two identification cards from Delta Dental will be produced and distributed shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the program.

## Health through Oral Wellness<sup>SM</sup> (HOW)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program [HOW] works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure, confidential, and easy to do. Here's how to get started:



### 1. REGISTER

Go to [www.healththroughoralwellness.com](http://www.healththroughoralwellness.com) and click on "Register Now"

### 2. KNOW YOUR SCORE

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website

### 3. SHARE YOUR SCORE WITH YOUR DENTIST

The next step is to share your results with your dentist at your next dental visit your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, you may be eligible for additional preventive benefits!\*

*\*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.*

## Double-Up Max<sup>SM</sup>

Plan 1 and Plan 2 enrollees can double their calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1200, enrollees can ultimately achieve an annual maximum of \$2400.
- This feature does not apply to orthodontic benefits.
- This feature is not included in Plan Option 3.

## Dental Plan Description Booklet

Your Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

## Who is Eligible

You, your spouse or Civil Union Partner, Domestic Partners, your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

## Renewability

Your plan will automatically renew for a new twelve (12) month Plan Year if the premium continues to be paid. Premiums are subject to change annually in accordance with advance notice. You or Northeast Delta Dental may choose not to renew this plan upon advance notice. The plan will not be renewed if this dental program is no longer available.

**THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.**



## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CHAMBER BENEFITS INC, DBA VACE INSURANCE AND VSP.



Enroll in VSP® Vision Care to 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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

#### 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  
STEWART

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

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



**Enroll today.**

Contact us: **802.229.2231** or [vaceinsurance.com/vision](https://vaceinsurance.com/vision)



## YOUR VSP VISION BENEFITS SUMMARY

CHAMBER BENEFITS INC, DBA VACE INSURANCE and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	• \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Walmart®/Sam’s Club®/Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Progressive lenses • Anti-glare coating • Scratch-resistant coating • Average savings of 30% on other lens enhancements	\$0 \$0 \$0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
PRIMARY EYECARE <sup>SM</sup>	• Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> • Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	<b>Routine Retinal Screening</b> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	<b>Laser Vision Correction</b> • 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 Bifocal Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50
		Contacts .....	up to \$105
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> 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. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. 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.			

### 2023 Monthly Premium Rates:

Employee: \$16.00

Employee + Spouse or child: \$24.00

Employee + Family: \$36.00

\*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.

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