



Member Driven Value.



Gap Vision	Plan Cost
Ind	\$14
Ind+1	\$27
Family	\$43



# GET INSURED FOR VISION

## GROUP VISION INSURANCE+ IN-NETWORK COVERAGE

<b>Well Vision Exam</b> Focuses on your eyes and overall wellness	<b>COPAY &amp; FREQUENCY</b> <b>\$10.00</b> Every 12 months
<b>Prescription Glasses</b>	<b>\$25.00</b> See Frames & Lenses below Every 12 months

*+Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Health Insurance Company of New York, New York, NY. Both companies ("Renaissance") may be reached at PO Box 1596, Indianapolis, IN 46206.*

### FRAMES & LENSES\*



**\*Included in Prescription Glasses**

*The information is a limited description of the plan highlights. For more details, limitations, exclusions and definitions, please refer to the Certificate.*

# Did You Know?

Approximately 14 million Americans aged 12 years and older have self-reported visual impairment defined as distance visual acuity of 20/50 or worse. Among them, more than 11 million Americans could have improved their vision to 20/40 or better with refractive correction.<sup>1</sup>



## ADDITIONAL VISION BENEFITS

### LENS ENHANCEMENTS

#### Progressive Lenses:

- |            |             |
|------------|-------------|
| ✓ Standard | \$55        |
| ✓ Premium  | \$95-\$105  |
| ✓ Custom   | \$150-\$175 |

Every 12 months  
(Average Savings of 20-25% other lens enhancements)

### CONTACTS (instead of glasses)\*

- ✓ **COPAY UP TO \$60**  
applies to contact evaluation and fitting - every 12 months.
- ✓ \$130 Allowance for contacts; copay does not apply.
- ✓ Contact lens exam (evaluation and fitting) - Medically Necessary covered in full after \$25 copay.



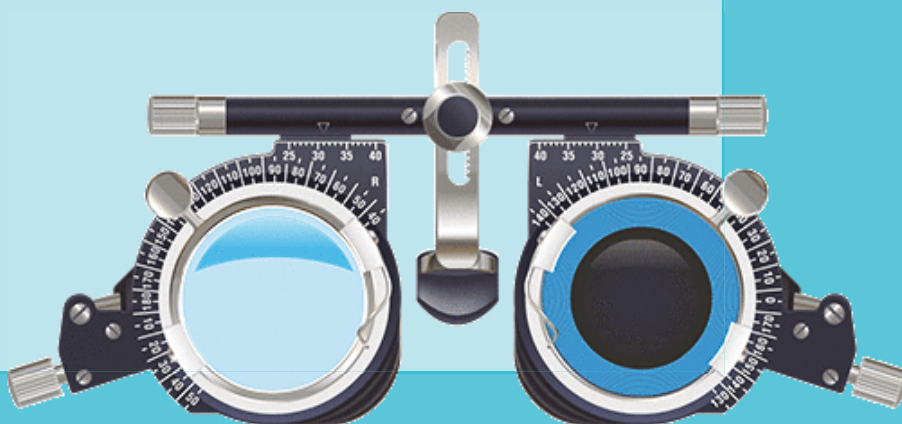
## OUT-OF-NETWORK COVERAGE\*

Exam

Up to \$45

Frames

Up to \$70

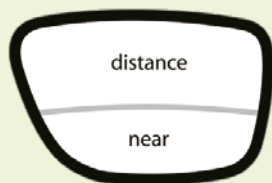


*\*Coverage with a retail chain affiliate may be different.*

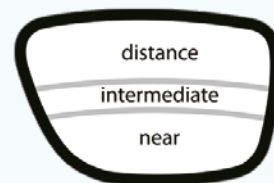
## ADDITIONAL OUT-OF-NETWORK COVERAGE^



SINGLE VISION LENSES  
Up to \$30



LINED BIFOCAL LENSES  
Up to \$50



LINED TRIFOCAL LENSES  
Up to \$65

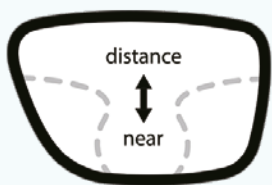
*^ Visit [www.vsp.com](http://www.vsp.com) for details if you plan to see a provider other than a VSP Doctor.*

# Did You Know?

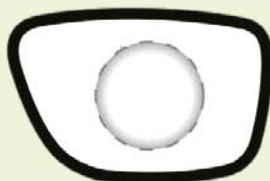
Only half of the estimated 61 million adults in the United States classified as being at high risk for serious vision loss, visited an eye doctor in the past 12 months.<sup>2</sup>

<sup>2</sup>Stats Taken from:

<https://www.cdc.gov/visionhealth/national.htm>



PROGRESSIVE LENSES  
Up to \$50



LENTICULAR LENSES  
Up to \$100



CONTACTS<sup>3</sup>  
Up to \$105

<sup>3</sup>Contact Lenses - (necessary - \$210)



With over 78 million members and more than 33,000 doctors, **VSP boasts the largest national network of independent doctors.**<sup>4</sup> Eye care professionals partner with VSP to deliver the best patient experience. You'll be thrilled by the large selection of eyewear available to you, from classic styles to trendy frames, and you'll find hundreds of options to choose from. Frames include dozens of top brand names, so you can find one that fits your personality.

## EXTRA SAVINGS



GLASSES / SUNGLASSES<sup>5</sup>



CONTACTS<sup>6</sup>



LASER VISION CORRECTION<sup>7</sup>

<sup>4</sup>VSP internal data.

<sup>5</sup>**20% savings** on additional glasses / sunglasses, including lens enhancements, from any VSP doctor within 12 months of your WellVision Exam.

<sup>6</sup> **5% savings** on a contact lens exam (fitting and evaluation)

<sup>7</sup>Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities.

# Did You Know?

More than 150 million Americans use corrective eyewear to compensate for refractive errors. Americans spend more than \$15 billion each year on eyewear.<sup>8</sup>

<sup>8</sup>Stats Taken from: Eye Health Statistics - American Academy of Ophthalmology

<https://www.aaopt.org/newsroom/eye-health-statistics> | Vision Problems in U.S: Prevalence of Adult Vision Impairment & Age-Related Eye Diseases in America. Prevent Blindness America and the National Eye Institute, 2008.



## VISION COVERAGE THROUGH VSP EYE DOCTORS

The best eye doctors provide the best care. VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics. Vision members will receive quality care with an eye exam from a VSP doctor.

### CERTIFIED CARE

- ✓ VSP optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and ophthalmologists are American Board of Ophthalmology (ABO) certified.

### EXCELLENT STANDARDS

- ✓ The VSP credentialing process complies with the National Committee for Quality Assurance (NCQA) standards.

## ALL VSP DOCTOR LOCATIONS:

- ✓ Accept New Patients
- ✓ Provide a WellVision Exam<sup>®</sup>
- ✓ Offer a Wide Selection of Contact Lenses & Frames



# FREEDOM OF CHOICE

Choose your VSP Eye Care Professional.

[www.VSP.com](http://www.VSP.com)

**Gap Vision Plan<sup>SM</sup> is Available in the Following States:**

**AZ, GA, KS, MI, OK, TN & TX**

The following monthly insurance rates apply to coverage underwritten by Renaissance Life & Health Insurance Company of America and Renaissance Health Insurance Company of New York.

Your overall total association membership dues include these insurance rates:

Ind: \$14    Ind+1: \$27    Family: \$43



## EXCLUSIONS AND LIMITATIONS FOR GROUP VISION COVERAGE

- 1. Patient Options:** This plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and the Covered Person will pay the additional costs for the options.
  - Optional Cosmetic Processes
  - Anti-Reflective Coating
  - Color Coating
  - Mirror Coating
  - Scratch Coating
  - Blended Lenses
  - Cosmetic Lenses
  - Laminated Lenses
  - Oversize Lenses
  - Polycarbonate Lenses
  - Photochromic Lenses, Tinted Lenses except Pink #1 and Pink #2
  - Progressive Multifocal Lenses
  - UV (ultraviolet) Protected Lenses
  - Certain Limitations on Low Vision Care
- 2. Not Covered:** There are no Benefits for professional services or materials connected with
  - Orthoptics or Vision Training and any associated Supplemental Testing
  - Plano Lenses (less than a  $\_ .50$  diopter power)
  - Two Pair of Glasses in Lieu of Bifocals
  - Replacement of Lenses and Frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
  - Medical or Surgical Treatment of the Eyes
  - Corrective Vision Treatment of an Experimental Nature.
  - Costs for Services and / or Materials above stated allowances
  - Services and / or Materials not indicated in the Certificate as covered plan benefits.
  - Contact Lens Modification, Polishing or Cleaning
  - Local, State and / or Federal Taxes, except where Renaissance or VSP are required by law to pay.
  - Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.
- 3.** Some brands of spectacle frames may be unavailable for purchase as Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their In-Network Provider or by calling the Vision Member Services Department at 1-800-877-7195.
- 4.** Exclusions and limitations of benefits described for In-Network Providers shall also apply to services rendered by Affiliate Providers. Services from an Affiliate Provider are in lieu of services from In-Network Provider or an Out-of-Network Provider. VSP is unable to require Affiliate Providers to adhere to its quality standards. Where Affiliate Providers are located in membership retail environments, Covered Persons may be required to purchase a membership in such entities as a condition of obtaining Benefits.

The above is a summary of exclusions and limitations. For complete details, please refer to your Certificate. Not all coverage provided under the Certificate is set forth above. The policy term is one year. Coverage may be terminated for reasons stated in the Certificate. Coverage ceases upon termination of the Certificate.

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### LOW VISION

Professional Services for severe visual problems not correctable with regular lenses, including:

#### **Supplemental Testing: Up to \$125<sup>^</sup>**

Includes Evaluation, Diagnosis & Prescription of Vision Aids where indicated.

#### **Supplemental Aids:**

**75% of Affiliate Provider's Fee up to \$1,000.<sup>^</sup>**

<sup>^</sup>Maximum Benefit for all Low Vision services and materials is \$1,000.00 every two (2) years and a maximum of two supplemental tests within a two-year period.

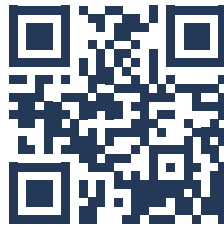
Low Vision Services are a Covered Service when specific benefit criteria are satisfied and when prescribed by Covered Person's Provider.

## IMPORTANT INFORMATION TO KNOW

Coverage is available to paid Members of the United Business Association after the effective date listed in your welcome letter following the receipt of the Membership application and the payment of the first month's dues to the United Business Association.

Insurance benefits are underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Health Insurance Company of New York, New York, NY. Both companies ("Renaissance") can be reached at PO Box 1596, Indianapolis, IN 46206. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. For more details, limitations, exclusions and definitions, please refer to the Certificate.

SCAN CODE BELOW TO VIEW  
GROUP VISION INSURANCE CLAIM FORM



or go to link: <http://www.gapplusplan.com/claimforms.html>

## FOR CLAIMS ASSISTANCE, CONTACT

**United Business Association Claims Unit**

**Renaissance Life & Health Insurance Company of America**

**PO Box 17250, Indianapolis, IN 46217**

**Eligibility & Benefit Info: 888.358.9484**

*To receive Covered Services from an In-Network Provider, Covered Person should select an In-Network Provider, schedule and appointment and inform the Provider's office that you are a Covered Person under this vision plan. The In-Network Provider will then obtain a Benefit Authorization prior to the time services are rendered or materials ordered. Services must be obtained before the expiration date of the Benefit Authorization. If a Covered Person receives **Covered Services from an In-Network Provider WITHOUT a Benefit Authorization, any services or materials received from the In-Network Provider will be treated as if they were obtained from an Out-of-Network Provider.** If a Covered Person is eligible for and obtains **Benefits from an Out-of-Network Provider, Covered Person remains liable for the Out-of-Network Provider's full fee.** Covered Persons or Out-of-Network Providers may submit requests for reimbursement. Claims will be paid to Covered Persons or directly to Out-of-Network Providers when claims include a valid Assignment of Benefits. Claims may be denied if received 180 calendar days from the date services are rendered and/or materials provided.*

## DISCLAIMERS

If insurance is included in any Gap Plan, **it is not health insurance or major medical coverage and does not qualify as minimum essential coverage under the Affordable Care Act.** You must be a member of United Business Association to access and enroll in any Gap Plan that provides an insured benefit. Various insurance companies, as described, have issued group limited benefit insurance policies to the United Business Association as the group master policyholder. You must purchase UBA Membership in order to purchase this additional plan.



SCAN CODE BELOW TO VIEW STATE SPECIFIC CERTIFICATES INCLUDING EXCLUSIONS



or go to link: [gapplusplan.com/visioncerts.html](http://gapplusplan.com/visioncerts.html)

*Benefit payment is subject to the plan provisions, limitations, exclusions and other provisions within the Certificate. For more information and complete details of terms, conditions, limitations, and exclusions of coverage, please refer to the Certificate. Coverage may vary and may not be available in all states. Renaissance does not provide nor is affiliated with the discount programs provided as part of membership in the United Business Association.*



## UBA REFUND / CANCELLATION POLICY

If you are not completely satisfied with your UBA Gap Plan, **please call your Personal Member Concierge at 866.438.4274.** We will be happy to issue a complete refund of membership dues within the first thirty (30) days. We want you to be 100% satisfied with your UBA Gap benefits and services.

Note: This membership is separate from any other insurance or supplemental plan you have purchased. Please contact your agent for any plans other than the UBA Gap Membership Plan. If you are canceling, please make sure to cancel using our cancellation phone number at 866.438.4274 or our cancellation form located at <http://www.gapplusplan.com/billing.html>. **Please do not cancel through your agent.** Cancel directly with UBA to make sure your cancellation request is handled promptly and correctly.

WE PROUDLY SUPPORT



follow us



**YOUR PERSONAL  
MEMBER CONCIERGE**

**866-438-4274**

- Order Vitamins
- Get Help with Plan Benefits
- Claim Forms  
and more...



[UBAMEMBERS.COM](http://UBAMEMBERS.COM)

**SIGN UP**

**Contact Your Agent Today!**



Gap Vision  
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