



Offering State of Florida employees... *2015 benefit options*

Two dental plans to choose from – *Look at these features!*

Indemnity with PPO Insured Plan/ Freedom Advance (People First Plan Code: 4074)

- Freedom to choose any dentist or specialist
- In- and out-of-network coinsurance is the same; no penalty for using out-of-network dentist
- Calendar year deductible (waived for Type I): \$50/individual and \$100/per family, in- or out-of-network
- Major services (Type III) covered at 50% in the first year with no waiting periods
- Access to over 6,200 unique dentists in Florida (and more than 100,000 nationwide) offering up to 30% off their usual fees
- Coverage for **up to 4 cleanings per year**
- 100% coverage for preventive services such as cleanings and X-rays
- Coverage for composite resins (white fillings) on back teeth
- Vision Discount Program included

[Learn more on page 2](#)

Prepaid 225 with Ortho Copays Plan (People First Plan Code: 4025)

- “No charge” for 35 procedures including oral exams, x-rays, routine cleanings, fluoride treatments, and sealants; 250+ procedures covered by set copayments
- No deductibles or claim forms, annual benefit maximum, or waiting periods
- Pre-existing dental conditions are covered
- Each family member may choose their own Plan dentist
- 30 common specialty procedures provided by member’s selected Plan dentist or Plan Specialist for same copayment
- An implant benefit
- Set copayments for child and adult orthodontic treatments
- Vision Discount Program included

[Learn more on page 4](#)

Assurant Employee Benefits is the brand name for insurance products underwritten and prepaid products provided by Union Security Insurance Company. Plans contain limitations, exclusions, reductions and restrictions. Contact us for costs and complete details.

We make it simple to enroll with two easy options:

- Visit <https://peoplefirst.myflorida.com>, or
- Call People First at 866.663.4735

Introducing your State of Florida Indemnity with PPO Insured Plan - Freedom AdvanceSM

How the plan works

Coverage includes dental and vision benefits through payroll deduction. This dental insurance plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum for each covered family member.

Claim payments may be paid direct to you or you may assign them to your dentist, whichever you prefer. Freedom Advance offers the Assurant[®] Dental Network¹ PPO (Preferred Provider Organization) that provides a variety of cost saving features when you see an Assurant Dental Network provider. With Assurant Dental Network you can save money every time you visit the dentist. All the dentists who participate in the Assurant Dental Network PPO have agreed to discount their fees by up to 30%. Here is a sample cost savings example:

	Visit to Network Dentist	Visit to Non-Network Dentist
Crown	\$862	\$862
Minus PPO Discount	30%	NA
Allowed Amount	\$603	\$862
Insurance pays 50%	\$302	\$431
You pay	\$301	\$431
Savings from using an Assurant Dental Network provider	\$130	NA

¹Assurant[®] Dental Network, Assurant Employee Benefits' dental network name, includes dentists contracted with Dental Health Alliance, L.L.C.[®] (D.H.A.[®]) and dentists under access arrangements with other dental networks.

**Savings may differ in cases where deductibles apply.*

How to find an Assurant Dental Network PPO dentist?

It's easy to locate participating general dentists and specialists in your area. You have these options:

- 1. Visit** www.assurantemployeebenefits.com/STofFL or use our mobile app Benefit Tools
 - Choose the search method you prefer to search for an Assurant Dental Network provider
 - Enter in your search criteria and a listing of participating dentists will be provided
- 2. Call** Assurant Employee Benefits at 800.442.7742 for assistance in locating an Assurant Dental Network provider.
- 3. If your dentist is not a participating provider you may **nominate** them at www.assurantemployeebenefits.com under "For Members" then "Find a Dentist" for consideration into the network.**

Lifetime of Smiles[®]

Freedom Advance includes Lifetime of Smiles[®], our oral health program dedicated to improving the smiles of our members for a lifetime with the following features!

- **Four cleanings per year** to help prevent gum disease²
- **Posterior tooth-colored fillings** preferred by many dentists and their patients
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease
- **Periochips** to control bacteria and reduce the size of periodontal pockets
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care

Plan rates (People First Plan Code: 4074)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$21.78	\$43.55
Employee/Spouse	\$45.29	\$83.61
Employee/Child(ren)	\$49.42	\$98.83
Employee/Family	\$65.18	\$130.35

²Dental prophylaxis cleaning is limited to 1 time in any 6 month period and periodontal maintenance procedure is limited to 1 in any 3 month period. Total number of combined dental prophylaxis cleanings and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

Introducing your State of Florida Indemnity with PPO Insured Plan - Freedom AdvanceSM

Schedule of Benefits

CALENDAR YEAR DEDUCTIBLE

(waived for Type I - Diagnostic and Preventive Services)

In-or Out-of-Network - \$50 per person; \$100 per family

CALENDAR YEAR MAXIMUM

In-or Out-of-Network - \$1,250 per person

TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES

In-or Out-of-Network - 100%

- Routine Oral Examinations - once every 6 months in a row
- Routine Dental Cleanings - once every 6 months (Frequencies combined with Periodontal Maintenance)
- Fluoride Treatment - once every 12 months in a row
Only for children under age 14
- Sealants - No more than once per tooth per person, only for permanent molar teeth
Only for children under age 16
- Bitewing X-Rays - once every 12 months

TYPE III - MAJOR SERVICES

In-or Out-of-Network - 50%

- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex Oral Surgery: General Anesthesia and IV Sedation when medically required for such Surgery
- Minor Gum Disease Treatment: (Minor Periodontics)
 - Provisional Splinting, Occlusal Adjustments - once every 12 months
 - Scaling and Root Planing - once every 24 months per area
 - Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- Major Gum Disease Treatment: (Major Periodontics)
 - Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- Crowns, Initial Placement, Replacement and Maintenance of Inlays, Onlays, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

TYPE II - BASIC SERVICES

In-or Out-of-Network - 80%

- X-Rays:
 - Complete Series - once every 60 months
 - Panoramic - once every 60 months (may also be payable in connection with the removal of impacted teeth)
 - Other X-Rays (See Certificate of Insurance)
- New Fillings, Replacement Fillings - once every 24 months per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

TYPE IV - ORTHODONTIC SERVICES

Only for dependent children under age 19; 12 month waiting period

In-or Out-of-Network - 50%

- Limited Orthodontic Treatment
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment
- Minor Treatment to control harmful habits

Other Policy Provisions

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable limitations, exclusions and restrictions.

Introducing your State of Florida Prepaid Plan - Prepaid 225 with Ortho Copayments

How the plan works

Coverage includes dental and vision benefits through payroll deduction. With the Prepaid Dental Series 225 you pay reduced fees called “copayments” for dental services provided by a network provider (Plan Dentist). At the time of enrollment, you must choose a Plan Dentist for each family member from the list of participating general dentists. You can change your Plan Dentist as frequently as every month with a simple call to customer service. Contact Assurant Employee Benefits by the 10th of the month for the change to be effective the first of the following month. Once you have selected a primary dentist, you will be included on your dentist’s monthly member roster and you can contact the office to make your dental appointments. You may see a specialist without a referral from your general dentist. Please see page 4 for information on how to obtain services from a Plan Specialist.

Visit www.assurantemployeebenefits.com/STofFL for a list of participating providers and complete plan information including the covered services.

Your prepaid dental plan is simple to use when you follow these steps:

- Verify with your Plan Dentist that you are on their roster before making a dental appointment.
- Call early for routine dental care for the best availability of appointment times.
- Be familiar with your copayment schedule to determine your costs for dental services.
- Discuss concerns regarding proposed treatments with your Plan Dentist.
- Contact customer service at 800.443.2995 for assistance with selecting or changing your Plan Dentist.
- Remember your dental costs will not be covered if you choose to see a dentist other than your selected Plan Dentist.

How do I find a Prepaid Plan Dentist?

There are two steps in finding and selecting a prepaid plan dentist:

1. Visit the Assurant Employee Benefits’ State of Florida web site at www.assurantemployeebenefits.com/STofFL or use our mobile app Benefit Tools. You will be able to customize the provider search based on your input. Choose Prepaid Dental Series (PPD Series) to search for a participating dentist.
2. You must select a plan provider and notify Assurant Employee Benefits of your Plan Dentist selection before you can make an appointment to receive your dental care. See the back cover of this booklet for the options you have for providing your dentist selection information to Assurant Employee Benefits.

The Prepaid plan is a network-based dental program and a great way to receive your dental care!

Prepaid Customer Service 800.443.2995

State of Florida web site to locate participating dentist and plan information

www.assurantemployeebenefits.com/STofFL

Plan prepayment fees (People First Plan Code: 4025)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$7.47	\$14.93
Employee/Spouse	\$12.59	\$25.17
Employee/Child(ren)	\$16.63	\$33.26
Employee/Family	\$21.77	\$43.54

PREPAID 225 with Ortho Copayments Plan

Partial Copayment Schedule

1. Plan Dentist Services

The dental services listed in the following schedule are covered when provided by the Member's selected Plan Dentist. If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain from a Plan Specialty Dentist the services marked as dental specialty services (S) in this Section 1. No referral from Member's selected Plan Dentist is needed to receive services from a Plan Specialty Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees (*)) at the time the service is received, or in accordance with the Plan Provider's billing procedures.

Dental services obtained from a Plan Specialty Dentist that are not listed and marked as dental specialty services (S) in this Section 1 below will be provided to Member at reduced charges. A 15% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from a Plan Specialty Dentist whose practice is limited to endodontics. A 25% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from any other Plan Specialty Dentist (including, but not limited to, a Plan Specialty Dentist whose practice is orthodontics). Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Evidence of Coverage. The Plan Provider is permitted to charge the member for any missed appointments if the Member fails to give at least 24 hours notice. The charge may not exceed \$25.00.

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Provider in addition to any applicable copayment for the service.

Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for Plan Benefits for covered dental Emergency Services.

This is a partial copayment list. **This is not the full copayment schedule.** The full copayment schedule is available on the website at www.assurantemployeebenefits.com/STof FL.

ADA Code**	Plan Dentist Treatment**	Member Copayment
Appointments		
0120	Periodic oral evaluation	No Charge
0140	Limited oral evaluation - problem focused....	No Charge
0150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months).....	No Charge
0180	Comprehensive periodontal evaluation - new or established patient.....	No Charge
None	Office visit - during regularly scheduled hours.....	10.00
9440	Office visit - after regularly scheduled hours.....	25.00
0210	X-ray - intraoral, complete series including bitewings (once in any 3 calendar years).....	No Charge
0220	X-ray - intraoral, periapical first film.....	No Charge
0230	X-ray - intraoral, periapical each additional film.....	No Charge
0270	X-ray - extraoral, bitewing, single film.....	No Charge
0272	X-ray - bitewing, two films (once in any 6 calendar months).....	No Charge
0274	X-ray - bitewing, four films (once in any 6 calendar months).....	No Charge
0330	X-ray - panoramic film (once in any 3 calendar years).....	No Charge
Preventive Dentistry		
1110	Routine Prophylaxis - adult (once in any 6 calendar months).....	No Charge
1120	Routine Prophylaxis - child (once in any 6 calendar months).....	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child.....	No Charge
1351	Application of sealant, per tooth.....	No Charge
Restorative Dentistry (Fillings/Crowns)		
2140	Amalgam - one surface, primary or permanent.....	10.00
2150	Amalgam - two surfaces, primary or permanent.....	15.00
2160	Amalgam - three surfaces, primary or permanent.....	20.00
2161	Amalgam - four or more surfaces, primary or permanent.....	25.00
2330	Resin Filling - one surface, anterior.....	25.00
2331	Resin Filling - two surfaces, anterior.....	35.00
2332	Resin Filling - three surfaces, anterior.....	50.00
2335	Resin Filling - four or more surfaces or involving incisal angle, anterior.....	75.00
2391	Resin Filling - one surface, posterior.....	60.00
2392	Resin Filling - two surfaces, posterior.....	70.00
2393	Resin Filling - three surfaces, posterior.....	80.00
2394	Resin Filling - four or more surfaces, . posterior.....	95.00
2750*	Crown - Porcelain to high noble metal.....	225.00
2751*	Crown - Porcelain to base metal.....	225.00
2790*	Crown - full cast high noble metal.....	225.00
2791*	Crown - full cast base metal.....	225.00
2920	Recement crown.....	15.00

PREPAID PLAN 225 with Ortho Copayments Plan

Partial Copayment Schedule

ADA Code**	Plan Dentist Treatment**	Member Copayment	ADA Code**	Plan Dentist Treatment**	Member Copayment
Restorative Dentistry (Fillings/Crowns)			Orthodontics		
2930	Prefabricated stainless steel crown - primary tooth.....	85.00	None	Bracketing (for D8070, D8080 or D8090)***	300.00
2950	Core buildup, including any pins.....	75.00	D8070	Comprehensive orthodontic treatment of the transitional dentition.....	2000.00
2954	Prefabricated post and core, in addition to crown.....	80.00	D8080	Comprehensive orthodontic treatment of the adolescent dentition.....	2000.00
Endodontics (Root Canals)			D8090	Comprehensive orthodontic treatment of the adult dentition.....	2200.00
3310	Root Canal - Anterior (excluding final restoration).....	110.00	D8660	Pre-orthodontic treatment visit.....	100.00
3320	Root Canal - Bicuspid (excluding final restoration)(S).....	225.00	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)).....	250.00
3330	Root Canal - Molar (excluding final restoration)(S).....	250.00	D8692	Replacement of lost or broken retainer (first incident).....	10.00
Periodontics			D8692	Replacement of lost or broken retainer (additional incidents).....	50.00
4341	Periodontal scaling and root planing, four or more teeth per quadrant(S).....	75.00			
4910	Periodontal maintenance.....	45.00			
Removable Prosthodontics (Dentures)					
5110*	Complete upper denture.....	305.00			
5120*	Complete lower denture.....	305.00			
5213*	Partial denture - upper (cast metal framework acrylic base).....	385.00			
5214*	Partial denture - lower - (cast metal framework/acrylic base).....	385.00			
Fixed Prosthodontics					
6751*	Crown - Porcelain fused to base metal per unit.....	225.00			
Oral Surgery					
7140	Extraction, erupted tooth or exposed root.....	18.00			
7210	Surgical removal of erupted tooth removal/sectioning(S).....	65.00			
7230	Removal of impacted tooth - partial bony(S).....	95.00			
7240	Removal of impacted tooth - complete bony(S).....	140.00			
Anesthesia, Analgesia, and Sedation					
9220	Deep sedation/general anesthesia (first 30 minutes).....	140.00			

2. Orthodontia Services

The dental services listed in the following schedule are covered when provided by a Plan Specialty Dentist. Member is responsible for paying the amount in the Member Copayment column either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

3. Dental Implant Services

A \$285 reduction in the charges to the Member applies for the placement of an endosteal implant (ADA Code D6010) in conjunction with one of the following crowns ADA Code D6065, D6066, or D6067. This reduction in charges applies only when the implant is used instead of replacing a single missing tooth meeting the criteria of being replaced with a traditional 3 unit, cast bridge with single pontic. The space that was occupied by the single missing tooth must currently have a tooth mesial and distal to it. The tooth loss must have occurred within the 24 month period prior to the initiation of treatment. This reduction in charges is limited to the replacement of one tooth per each arch during the lifetime of the Member. Member is responsible for paying the entire charge less the \$285 reduction either at the time the service is received or in accordance with the Plan Dentist's or Plan Specialty Dentist's billing procedures. The treatment must be provided by a Plan Dentist or a Plan Specialty Dentist.

The Orthodontic Copayments listed above only apply during the first 24 months of active treatment and are only available once per lifetime. After 24 months of active treatment, the above Orthodontic Copayments are no longer applicable, and the listed services will be provided to Member at a 25% reduction from the Plan Specialty Dentist's normal retail charge. Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

This is a partial copayment schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Specialty Dentist who perform the corresponding listed services. Plan Specialty Dentist may not perform or offer all services listed. Availability and participation of Specialty Dentist are subject to change.

**Current and prior versions of the Current Dental Terminology (CDT) codes (in the ADA Code column) and descriptors (in the Plan Dentist Treatment Description column) are copyrighted by the American Dental Association (ADA) and are used by permission. Current Dental Terminology © American Dental Association.

***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

Plan Benefits are not available for:

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any part of any dental service for which a charge is incurred before the effective date of the Member's enrollment.
3. Any dental service initiated (a) before the effective date of the Member's enrollment for Plan Benefits except as provided in the ORTHODONTIC TREATMENT Article of the Evidence of Coverage or (b) after the Member's enrollment for Plan Benefits ends.
4. Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
5. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
6. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
7. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
8. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable (except as specifically provided in the dental Implant Services section of the Copayment Schedule).
9. Replacement of any tooth that has previously been replaced by an implant.
10. Replacement of a tooth by an endosteal implant after a 24 month period has elapsed since the loss of the tooth.
11. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
12. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
13. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
14. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
15. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
16. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Limitations and Exclusions

Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Termination

The Member's enrollment may be terminated as stated in the TERMINATION article of the Evidence of Coverage.

How to Enroll for your 2015 dental plan

Enrolling in an Assurant Employee Benefits dental plan is easy!

Complete the state enrollment process by either:

- Enrolling online at <https://peoplefirst.myflorida.com>, or
- Calling People First Service Center toll free at 866.663.4735

If you need more information, please call us

Servicing Agent
State Securities Corporation
Toll free: 800.277.2300; Tallahassee: 850.386.2300

*** IMPORTANT INFORMATION IF YOU ARE ENROLLING IN THE PREPAID PLAN (225 Plan) ***

After you have completed and submitted your state enrollment with People First Service Center, please be sure to select a General Dentist for yourself and every eligible member of your family. You can locate a list of participating General Dentists online at www.assurantemployeebenefits.com/STofFL or use our mobile app Benefit Tools.

OR you can call Assurant Employee Benefits at 800.443.2995. Once you have selected your General Dentist, be sure to notify Assurant Employee Benefits of your dentist selection:

- 1) Call us at 800.443.2995; or
- 2) Register online at www.assurantemployeebenefits.com

Vision Discount Program

(Included with both the PPO and Prepaid Plan)

Access Plan

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams and the purchase of eyeglasses, contact lenses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on doctor's professional services when purchasing all prescription contact lenses² (materials at doctor's usual and customary fees)³
- **Laser VisionCareSM** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers



Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at www.vsp.com, or call VSP at 1.800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the enrolled member's social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

VSP Member Service 800.877.7195

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.