



# ARHA

HEALTH TRUST PLAN

## Care



**2025  
EMPLOYEE BENEFITS GUIDE**



# TABLE OF CONTENTS

<b>03</b>	<b>INTRODUCTION</b>
<b>04</b>	<b>ELIGIBILITY &amp; ENROLLMENT</b>
<b>06</b>	<b>MEDICAL INSURANCE</b>
<b>11</b>	<b>PRIMARY CARE SUBSCRIPTION</b>
<b>12</b>	<b>TELEMEDICINE</b>
<b>13</b>	<b>DENTAL INSURANCE</b>
<b>14</b>	<b>VISION INSURANCE</b>
<b>15</b>	<b>VALUE ADDED PROGRAMS</b>
<b>16</b>	<b>CONTACT INFORMATION</b>

This Benefit Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description(s). Copies of the summary plan descriptions are available free of charge by contacting the HR department. The information in this benefit guide is presented for illustrative purposes. The text contained in this guide was taken from various summary plan descriptions and benefit materials. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the actual plan documents will prevail. Nothing contained in this guide should be construed as a contract for employment, either expressed or implied.



ARHA is committed to providing employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well-being and financial security of you and your covered dependents. Helping you understand the benefits ARHA offers is important to us and that is why we have created this Employee Benefits Guide.

We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Information presented here does not cover all details and limitations for the plans. Additional information is found in Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. ARHA reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

Please see your Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

**ARHA**

# ELIGIBILITY & ENROLLMENT

## WHO IS ELIGIBLE

You are eligible for benefits if:

- Your employer has completed an ARHA participating employer agreement and
- You are a full-time associate working at least 30 hours per week

## EFFECTIVE DATE OF COVERAGE

During the plan year, eligible new hires will be subject to a waiting period determined by the applicable benefit. Most plans will become effective the first of the month following the waiting period. If you enroll in benefits during Open Enrollment, your benefits will be effective May 1st.

## WHEN TO ENROLL

Benefit eligible associates have the two following opportunities to enroll in the associate benefits program:

**NEW HIRE ENROLLMENT.** New hires have thirty days from their date of hire to enroll in ARHA's benefit coverages. Most plans become effective first of the month following 30 days. Associates not enrolling during this period must wait until the next open enrollment to elect coverage. If you have questions, please contact your manager.

**OPEN ENROLLMENT.** For the 2025-2026 plan year, ARHA's annual open enrollment period will take place March 17– April 11. All changes and elections will be effective May 1st, 2025.

February 2025						
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

## HOW TO ENROLL



*If your company has completed a ARHA participating employer agreement you may enroll via SIMON at [www.simon365.com](http://www.simon365.com)*



*Please contact your HR team or Vimly at [arha@vimly.com](mailto:arha@vimly.com) for help.*

# ELIGIBILITY & ENROLLMENT



## WHEN YOU CAN MAKE CHANGES

ARHA benefits plan year is from May 1 to April 30. Generally, you can only change your benefit choices during the annual Benefits Enrollment period.

You are also allowed to make benefit changes if you have an IRS “Qualifying Event” during the year, which includes:

- Marriage or Divorce
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse’s work status that results in cancellation of your benefits
- Your dependent child is no longer eligible
- Loss of coverage through a parent’s plan
- Becoming eligible for Medicare or Medicaid during the year

**If you have a life event change, you must submit notification to your manager within 30 days of the qualifying event.** Depending on the type of change, you may need to provide proof document-tation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next annual Open Enrollment period to make benefit changes.

## WHEN COVERAGE ENDS

Benefits end on the last day of the month in which your employment ends, or when you cease to meet eligibility guidelines.

# MEDICAL INSURANCE

## BLUECROSS BLUESHIELD OF ALABAMA

ARHA offers three medical plan options administered by BlueCross BlueShield of Alabama. All plans are Preferred Provider Organization plans.

All plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in-network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the BlueCross BlueShield of Alabama network.

BENEFITS OVERVIEW	PREMIER PLAN	
	IN- NETWORK	OUT-OF-NETWORK
<b>Deductible</b> <i>Individual/Family</i>	\$1,000/\$2,000	
<b>Out-of-Pocket Max.</b> <i>Individual/Family</i>	\$3,000/\$6,000	No maximum
<b>Inpatient Services</b>	Covered 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Emergency Room</b>	Covered at 80% Subject to deductible	Covered at 80% Subject to deductible
<b>Maternity Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Office Visit Copays</b> <i>Preventive Care/Specialists</i>	\$35/\$50	Covered at 60% Subject to deductible Preventive Care: (not covered)
<b>Outpatient Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Outpatient Diagnostics</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Rehabilitative Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Home Health Care</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Prescription Drug Copays</b> <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Tier 4</i>	\$15 \$60 \$100 \$425	Not Covered
MONTHLY RATES		
<b>Employee</b>	\$654.17	
<b>Employee + Spouse</b>	\$1,284.61	
<b>Employee + Children</b>	\$1,188.27	
<b>Family</b>	\$1,825.58	

# MEDICAL INSURANCE

## BLUECROSS BLUESHIELD OF ALABAMA

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All plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in-network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the BlueCross BlueShield of Alabama network.

BENEFITS OVERVIEW	VALUE PLAN	
	IN- NETWORK	OUT-OF-NETWORK
<b>Deductible</b> <i>Individual/Family</i>	\$5,000/\$10,000	
<b>Out-of-Pocket Max.</b> <i>Individual/Family</i>	\$7,000/\$14,000	No maximum
<b>Inpatient Services</b>	Covered 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Emergency Room</b>	Covered at 80% Subject to deductible	Covered at 80% Subject to deductible
<b>Maternity Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Office Visit Copays</b> <i>Preventive Care/Specialists</i>	\$35/\$50	Covered at 60% Subject to deductible Preventive Care: (not covered)
<b>Outpatient Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Outpatient Diagnostics</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Rehabilitative Services</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Home Health Care</b>	Covered at 80% Subject to deductible	Covered at 60% Subject to deductible
<b>Prescription Drug Copays</b> <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Tier 4</i>	\$15 \$60 \$100 \$425	Not Covered
MONTHLY RATES		
<b>Employee</b>	\$611.57	
<b>Employee + Spouse</b>	\$1,195.15	
<b>Employee + Children</b>	\$1,109.86	
<b>Family</b>	\$1,693.44	

# MEDICAL INSURANCE

## BLUECROSS BLUESHIELD OF ALABAMA

ARHA offers three medical plan options administered by BlueCross BlueShield of Alabama. All plans are Preferred Provider Organization plans.

All plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in-network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the BlueCross BlueShield of Alabama network.

BENEFITS OVERVIEW	BRONZE PLAN	
	IN- NETWORK	OUT-OF-NETWORK
<b>Deductible</b> <i>Individual/Family</i>	\$4,000/\$8,000	\$8,000/\$16,000
<b>Out-of-Pocket Max.</b> <i>Individual/Family</i>	\$6,000/\$12,000	No maximum
<b>Inpatient Services</b>	Covered 60% Subject to deductible	Covered at 50% Subject to deductible
<b>Emergency Room</b>	Covered at 60% Subject to deductible	Covered at 60% Subject to deductible
<b>Maternity Services</b>	Covered at 60% Subject to deductible	Covered at 50% Subject to deductible
<b>Office Visit Copays</b> <i>Preventive Care/Specialists</i>	Covered at 60% Subject to deductible Preventative Care: (no charge)	Covered at 50% Subject to deductible Preventive Care: (not covered)
<b>Outpatient Services</b>	Covered at 60% Subject to deductible	Covered at 50% Subject to deductible
<b>Outpatient Diagnostics</b>	Covered at 60% Subject to deductible	Covered at 50% Subject to deductible
<b>Rehabilitative Services</b>	Covered at 60% Subject to deductible	Covered at 50% Subject to deductible
<b>Home Health Care</b>	Covered at 60% Subject to deductible	Not Covered
<b>Prescription Drug Copays</b> <i>Tier 1</i> <i>Tier 2</i> <i>Tier 3</i> <i>Tier 4</i>	\$15 \$50 \$75 \$395	Not Covered
MONTHLY RATES		
<b>Employee</b>	\$577.70	
<b>Employee + Spouse</b>	\$1,127.41	
<b>Employee + Children</b>	\$1,047.21	
<b>Family</b>	\$1,596.92	



# MEDICAL INSURANCE

## MEDICAL PLAN OVERVIEW



## MEDICAL INSURANCE BASICS

### **DEDUCTIBLE**

The amount you pay for covered health care services before your insurance plan starts to pay.

### **CO-INSURANCE**

The percentage of costs of a covered health care service you pay after you have paid your deductible (20% for example).

### **OUT-OF-POCKET MAXIMUM**

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits for the remainder of the year.

## WHICH PLAN IS RIGHT FOR ME?

### **PREMIER PLAN**

The premier plan provides a higher level of benefit coverage. While the premium is also higher, it is for good reason. When you elect the premier plan you are automatically enrolled in secondary medical coverage. Secondary medical coverage provides a layer of additional insurance protection designed to significantly lower your overall out of pocket costs. This plan may be the best fit for you and your family if you anticipate regularly using the plan or historically have various medical expenses throughout the year.

### **VALUE PLAN**

The value plan provides a basic level of insurance coverage. The cost of the plan is less because the overall benefit has much higher deductible and overall out of pocket costs. This plan may be the best fit for you and your family if your goal is to have protection against a catastrophic and unexpected medical expense and do not historically have medical expenses.

# MEDICAL INSURANCE

## SECONDARY MEDICAL PLAN OVERVIEW

### WHAT IS SECONDARY MEDICAL?

You are automatically enrolled in secondary medical coverage when you elect the Premier Medical Plan coverage option through ARHA. Secondary medical coverage provides additional protection by allowing coverage for various eligible medical expenses that you would traditionally pay out of pocket for.

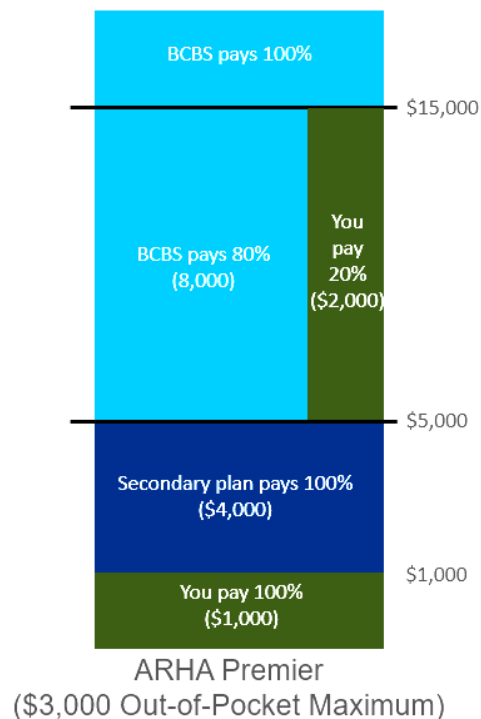
**Eligible Secondary Medical Expenses include (but are not limited to):**

- Diagnostic tests (such as lab work)
- Hospital charges (facility & physician)
- MRI's, X-rays, Chemotherapy, Radiation, etc.
- Ambulance transportation
- Emergency Room expenses
- Procedures performed at an outpatient facility
- Other covered services (Physical Therapy, Chiropractic care, etc.)
- Mental, Nervous & Substance Abuse

### HOW THE PLAN WORKS

- By electing the Premier Medical Plan, you will be responsible for covering your first \$1,000 in eligible medical expenses.
- Your secondary coverage plan will then step-in to pay the next \$4,000 of all eligible medical expenses. (Excluding copays - as they do not apply to the deductible)
- Once your Secondary Medical plan has paid out the maximum \$4,000 benefit, you will only have responsibility for an additional \$2,000 in medical expenses.
- Once you have met your total \$3,000 out-of-pocket maximum, your BCBSAL plan will pay 100% for covered medical expenses for the rest of the year!

**Please Note:** Secondary coverage does not cover office visits, prescription drug co-pays or home-health services.  
\*Example shown reflects single coverage.



### USING YOUR BENEFITS

Members will receive ID cards for both BlueCross BlueShield of Alabama and TransAmerica. When visiting a medical provider or any other healthcare facility, you will provide **both** insurance cards for proper claims processing.

Subscriber Name <b>JOHN Q PUBLIC</b>	
Contract Number <b>PPA123456789</b>	
Group Number	<b>40140</b>
Effective Date	<b>01-01-2019</b>
Rx BIN Number	<b>004915</b>
HEALTH      PAC	

Claims Administered by: WebTPA	
Member Name: NAME	
Member: 000XXXXXX	
Group Name: GROUP NAME	
Group ID: MZXXXXXXXXXXXXXX	
TransConnect	
<small>To verify benefits, call Customer Service: 1-800-476-4491</small>	
<small>Fully insured supplemental medical expense ("GAP") insurance THIS IS NOT MAJOR MEDICAL INSURANCE</small>	

# PRIMARY CARE SUBSCRIPTION

RIVER HEALTH

## UNLIMITED VIRTUAL CARE

### RIVER HEALTH IS MORE THAN TELEMEDICINE:

- Every member gets a dedicated primary care provider.
- See the same provider every time you have a virtual visit.

• Your dedicated provider manages chronic conditions like diabetes, etc.

• Get at-home diagnostic kits, blood pressure cuffs, weight scale and more.

• See your provider over text, audio, and video with no caps.

### RIVER HEALTH MEMBERS CAN SEE A DOCTOR IN PERSON UP TO (3) TIMES A YEAR FOR \$0\*

- \$0 office visits at over 2500+ locations across the country including urgent care.
- Available at all CVS MinuteClinic Locations across the country
- Available in 47 states

### RIVER HEALTH OFFERS \$0 LAB TESTING AT OVER 3000+ PARTNER LABS INCLUDING QUEST DIAGNOSTICS.

- Members can also request at-home lab testing at no additional cost

Employee Only \$54  
Employee + Spouse \$74  
Employee + Children \$134  
Employee + Family \$164

### RIVER HEALTH MEMBERS ENJOY \$0 PRESCRIPTIONS FROM A FORMULARY OF OVER 700 MEDICATIONS.

- Prescriptions are mailed for free to the member's doorstep

### RIVER HEALTH MEMBERS CAN SEE A THERAPIST VIRTUALLY AT NO ADDITIONAL COST. THERAPISTS INCLUDE LICENSED CLINICAL SOCIAL WORKERS, PSYCHIATRIC NPS, PSYCHOLOGISTS, AND MORE.

- Wellness: All River Health Plans come with free wellness services like Yoga passes and a free Headspace Premium Meditation Subscription.

# TELEMEDICINE

## TELADOC



**Telephone and online video consultations are available for all associates & family members enrolled in medical coverage.**

Unlimited services are available to members and provide a quick and easy service to diagnose, treat and prescribe medication (when necessary) for certain general medical issues. To enroll in Teladoc, visit [www.Teledoc.com/Alabama](http://www.Teledoc.com/Alabama) or call 855.477.4549. You can activate your account, choose a doctor or resolve your issue.

Teladoc consultations are available subject to a \$35 payment per consultation.



### COMMON TELEMEDICINE DIAGNOSES:

*Sinus problems  
Urinary tract infection  
Pink eye  
Allergies / congestion  
Flu / cold / cough / ear infection*



### WHEN TO USE TELADOC:

*Non-emergency medical assistance  
Physician unavailable  
After normal hours of operation  
On vacation / out-of-town  
Short-term prescription refill  
Second medical opinions*

# DENTAL INSURANCE

## DELTA DENTAL



ARHA offers dental coverage to you through Delta Dental. Your dental plan provides coverage to help with the cost of many dental services including routine cleanings, x-rays, restorative and prosthetic services. The plan includes an extensive network of dental providers. Maximize your benefits by selecting an in-network dentist to save more on all covered services and avoid balance billing.

BENEFITS OVERVIEW	BASIC PLAN	ENHANCED PLAN
<b>Annual Deductible—(per member/per family)</b>	\$50/\$150	\$25/\$75
<b>Annual Maximum per Individual</b>	\$1,000	\$2,500
<b>Lifetime Orthodontia Maximum (26 and under)</b>	\$1,500	\$1,500
<b>Diagnostic &amp; Preventive Services</b> <i>Exams, Cleanings, Fluoride Treatment, Space Maintainers, X-Rays, Sealants</i>	Covered 100%	Covered 100%
<b>Basic Services</b> <i>Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics, Periodontics</i>	Covered 80% Subject to deductible	Covered 100% Subject to deductible
<b>Major Services</b> <i>Crowns, Inlays, Onlays, Bridges, Dentures</i>	Covered 50% Subject to deductible	Covered 80% Subject to deductible
<b>Orthodontic Services</b>	Covered 50%	Covered 50%
MONTHLY RATES		
<b>Employee</b>	\$25.75	\$30.90
<b>Employee + Spouse</b>	\$49.65	\$59.54
<b>Employee + Children</b>	\$55.76	\$73.62
<b>Family</b>	\$85.10	\$110.42

# VISION INSURANCE

VSP

ARHA offers vision coverage to you through VSP. Receive the maximum benefits and pay less out-of-pocket by visiting an in-network provider. Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan. The network includes provider access points nationwide. A comprehensive vision exam is available every 12 months and you may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses.

VISION INSURANCE			
BENEFIT	CLASS DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20 Copay	Every 12 months
Essential Medical Eye Care	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues</li> <li>Coordination with your medical coverage may apply</li> </ul>	\$0 per screening \$20 per exam	Available as needed
Prescription Glasses (\$20 copay)			
Frame	<ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart®/Sam's Club® frame allowance</li> <li>\$70 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average Savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-\$105 \$150-\$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months

VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
COVERAGE TIER	RATE
Employee Only	\$13.34
Employee + Spouse	\$18.94
Employee + Child(ren)	\$19.25
Employee + Family	\$28.59

# VALUE ADDED PROGRAMS

## BLUECROSS BLUESHIELD OF ALABAMA

BlueCross members have access to electronic newsletters and personalized health tools such as health trackers and assessments. Additionally, BlueCross offers a number of support tools and resources to help you and dependents take charge of your healthcare. Login to your myBlueCross portal to learn more.

### BLUECARE HEALTH ADVOCACY

Your BlueCare Health Advocate serves as a coach and advisor to you and your covered dependents. Find out what your Health Advocate can do for you by calling 1-888-759-2764 today!

### MY HEALTH ASSISTANT PROGRAMS

These web-based health courses offer step-by-step assistance to help you change unhealthy behaviors and make better choices. Areas of focus include nutrition, exercise, weight management, tobacco cessation, emotional health and stress management.

### PERSONAL HEALTH RECORD

The Personal Health Record allows you to keep your health information in one secure, central location. Information can be entered manually, and automatically added from two years of processed claims. Health Trackers allow you to chart your personal health over time.

### CHRONIC CONDITION MANAGEMENT

Chronic Condition Management incorporates a holistic, personalized approach to managing your healthcare. This telephone-based program assists members with Asthma, Coronary Artery Disease, COPD, Diabetes and Heart Failure. The main goal is to help you stay healthy. Talk to a Chronic Condition Management health professional at 888-841-5741.

### BABY YOURSELF® MATERNITY PROGRAM

Expecting mothers can receive telephone or e-mail support from an experienced registered nurse throughout pregnancy. The Baby Yourself app provides additional information, trackers and easy access to your nurse through one-button dialing. Once your baby arrives, the Lactation Program provides encouragement and information designed to improve the well-being of infants and their families. You can enroll once you learn you are pregnant. Call 1-800-222-4379 to enroll or visit [www.bcbsal.org/web/health/baby.html](http://www.bcbsal.org/web/health/baby.html).

To access your wellness tools, visit [AlabamaBlue.com/mybluewellness](http://AlabamaBlue.com/mybluewellness).

### BLUE365 DISCOUNT PROGRAM

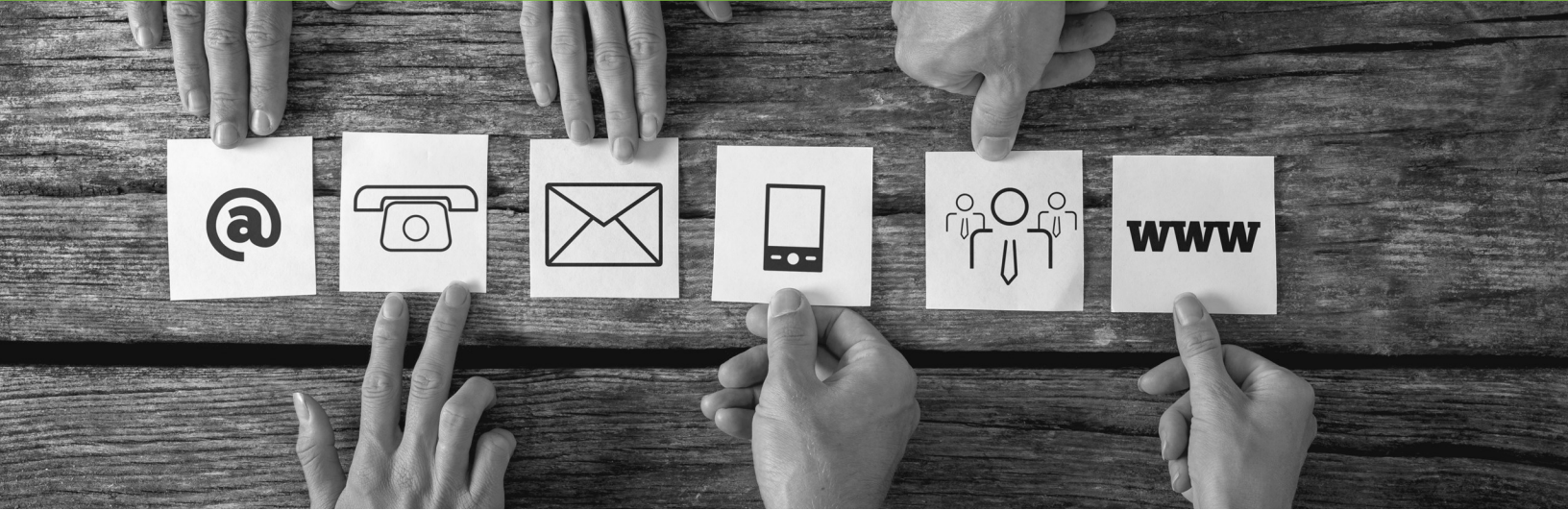
Take advantage of healthy deals and discounts exclusively for BlueCross members. With discounts on fitness gear, healthy eating options, personal care and more saving is easy. Visit [AlabamaBlue.com/Blue365](http://AlabamaBlue.com/Blue365) to learn more.

### FITNESS YOUR WAY

Whether your goals are physical, such as losing weight and maximizing energy, or emotional like dealing with stress and improving your mood, Fitness Your Way can help you meet your goals, on your budget. Sign up with a \$29 enrollment fee and pay just \$29 per month, plus local tax. You can visit any participating fitness location—anytime, anywhere — as often as you like. To sign up, visit [AlabamaBlue.com/Blue365](http://AlabamaBlue.com/Blue365).

# CONTACT INFORMATION

## CONTACT LIST FOR YOUR EMPLOYEE BENEFITS



### CONTACT INFORMATION

BENEFIT	PROVIDER	PHONE	WEBSITE/EMAIL
<b>Medical</b>	BlueCross BlueShield of Alabama	800.292.8868	<a href="http://bcbsal.org">bcbsal.org</a>
<b>Telemedicine</b>	Teladoc	855.477.4549	<a href="http://teladoc.com/Alabama">teladoc.com/Alabama</a>
<b>Dental</b>	Delta Dental	800.521.2651	<a href="http://deltadentalins.com">deltadentalins.com</a>
<b>Vision</b>	VSP	800.877.7195	<a href="http://vsp.com">vsp.com</a>







2025