



VSP Vision Insurance Plan Summary

(Effective 4/1/2019 - 3/31/2020)

This summary provides a general overview of our VSP Vision Plan offered to regular benefit eligible employees. This plan is based on a **plan year** (April 1st through March 31st). As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs. How to use VSP benefits:

- **Create an account** at www.vsp.com (using the last 4 of your SSN once your plan is effective - after 4/1/2019)
- Search for providers online or at www.vsp.com ("Choice" network) or call VSP at 800-877-7195
- To receive the lowest out-of-pocket costs, ensure the provider is **in-network** (i.e. contracted) with VSP
- At your appointment, tell them you have VSP - **no ID cards are issued** and/or necessary
- There are **no claim forms** to complete when you see a VSP provider

Summary of Benefits		VSP	
		Group Number: 30081714	
		In-Network	Out-of-Network
WellVision Eye Exam (once every plan year)		Covered at 100%	\$45 allowance
Diabetic EyeCare Plus Program ¹		\$20 copay	Not covered
Prescription Glasses		\$25 copay	\$25 copay
Frames ^{2,3,4} (once every other plan year)	Standard	\$120 allowance	\$70 allowance
	Featured Brands	\$140 allowance	
Lenses ² (once every plan year)	Single Vision	Covered at 100%	\$30 allowance
	Lined Bifocal		\$50 allowance
	Lined Trifocal		\$65 allowance
	Standard Progressive		\$50 allowance
	Polycarbonate (shatter resistant for children)		Not covered
Lens Enhancements ² (once every plan year)	Premium Progressive Lenses	\$95 - \$105 copay	\$50 allowance
	Custom Progressive Lenses	\$150 - \$175 copay	
Contacts ⁵ (once every plan year)	Exam & Fitting	Up to \$60 copay	\$105 allowance
	Lenses	\$120 allowance	

1. Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.
2. Applies after you have paid the \$25 Prescription Glasses copay.
3. Receive a 20% savings on the amount over your allowance when you purchase your frames from an in-network provider.
4. The frame allowance at Costco is \$65.
5. Contacts are instead of Prescription Glasses.

Extra Savings

- Glasses/Sunglasses: an extra \$20 to spend on featured frame brands - go to www.vsp.com/specialoffers for details. Receive 20% savings on additional glasses and sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
- Retinal Screening: no more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- Laser Vision Correction: average 15% off regular price or 5% off the promotional price; discounts only available from contracted facilities.
- Choice in Eyewear - From classic styles to the latest designer frames, you'll find hundreds of options. Visit www.vsp.com to find a Premier Program location that carries name brand frames. Plus, save up to 40% on popular lens enhancements. If you prefer to shop online, check out all of the brands at www.eyeconic.com, VSP's preferred online eyewear store.

The County pays the monthly premium for employees working 35+ hours per week. Part-time employees are eligible, however, are required to pay [pro-rated premiums](#) based on their budgeted FTE. This summary should not be considered a replacement for the more detailed information set forth in the plan booklet/contract produced by VSP. If there are any discrepancies between this summary and the plan booklet/contract, the plan booklet/contract will govern.