



Your eyecare benefit is brought to you by Washington Counties Insurance Fund and VSP.

## Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

**Personalized Care.** A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

### Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.** Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit [vsp.com](http://vsp.com) or call 800.877.7195.

### Your Copays

**Exam** ..... No copay applies  
**Prescription Glasses** ..... \$15.00  
**Elective Contact Lenses** ..... No copay applies

### Your Coverage from a VSP Doctor

**Exam covered in full** ..... every 12 months

#### Prescription Glasses

**Lenses covered in full** ..... every 12 months

- Single vision, lined bifocal, lined trifocal lenses, ultra violet protection, scratch-resistant coating, anti-reflective coating, and rimless mounting.
- Polycarbonate lenses for dependent children

**Frame** ..... every 24 months

- Frame of your choice covered up to \$ 130.00.
- Plus, 20% off any out-of-pocket costs.

~OR~

**Elective Contact Lenses** ..... every 12 months

\$120 allowance for contacts and the contact lens exam (fitting and evaluation). There may be additional fees charged to the member above the allowance. Ask your provider for a pre-determination of benefits for a detailed estimate.

### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

#### Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

#### Out-of-Network Reimbursement Amounts:

Exam .....	Up to \$50.00
Lenses:	
Single Vision .....	Up to \$50.00
Lined Bifocal .....	Up to \$75.00
Lined Trifocal .....	Up to \$100.00
Frame.....	Up to \$70.00
Tints .....	Up to \$5.00
Contacts.....	Up to \$105.00

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.