

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 or call 800.877.7195.
- **Review your benefit information.** Visit 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 or call 800.877.7195.

Your Copays

First Pair—	
Prescription Glasses.....	\$15.00*
Elective Contact Lenses	No copay applies
Second Pair—	
Prescription Glasses.....	\$20.00*
Elective Contact Lenses	No copay applies

*applies once per 12 month benefit period.

Your Coverage – First Pair Benefit

Exam covered in full.....every 12 months
Prescription Glasses

- Lenses.....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 Lensesevery 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.

Your Coverage – Second Pair Benefit

Prescription Glasses
Lenses.....every 12 months

- Single vision, lined bifocal, lined trifocal lenses.
 - 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 Lensesevery 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

* applies to first pair benefit only

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.