



Vision Insurance

"For your eyes and your wallet."



Did you know?

- 50% of the U.S. population requires corrective lenses.
- Nearly 40% of consumers fear not being able to afford adequate vision treatment without a vision plan, so they may postpone or avoid care because of the cost.

Your Vision Insurance Plan

As a valued employee, you have the opportunity to enroll in a payroll-deduction vision program.

Plan Features:

- Savings on frames, lenses and contacts!
- Doctors who offer flexible hours and office settings
- Eyewear choices we believe you'll love
- Access to one of the largest national network of eye care doctors in the industry.



Integrity Employee Benefits
651-437-7977
866-437-7977
integrity@integrityeb.com

VISION INSURANCE

The VSP Choice Materials Only vision care program is available for employees and their dependents to help save money on Vision care using pre-tax dollars. **Find In-Network providers on the *HRconnection* website.**

	<u>Monthly Rates</u>
Employee	\$6.10
Employee + Spouse	\$12.20
Employee + Child(ren)	\$13.04
Family	\$20.86

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$45	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in July