# **VISION INSURANCE**

## **REVIEW YOUR VISION PLAN**

## VSP IS THE VISION CARRIER FOR 2020.

Δ

The vision plan offers coverage both innetwork and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

Also, if you are considering Lasik surgery, there is a discount available with some providers. To find a participating provider, go to www.vsp.com. DID YOU KNOW? There are discounts available for Lasik surgery.

## FIND A PROVIDER

## SAMPLE INSTRUCTIONS

- On the left side of the <u>webpage</u> you can quickly find a provider by clicking on "Find a Doctor"
- Search by Location, Office, or Doctor
- Results list providers closest to your ZIP code first (if searching by Location)
- Click on the View Practice Details button next to the provider to display products, services, doctors, etc. for that location
- OR, you can call 800-877-7195 to speak with a Customer Service representative

### Vision Insurance Plan Options and Costs

VSP	Employee Cost Per Paycheck	
Employee Employee & Spouse Employee & Child(ren) Employee & Family	\$3.55 \$5.65 \$5.76 \$9.29	
	In-Network	Out-of-Network
Examination Copay	\$10 copay	up to \$45
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 24 months \$20	Every 12 months Every 12 months Every 24 months <u>Reimbursement</u> \$30
Single Bifocal Trifocal	\$20 \$20	\$50 \$65
Frames	\$150 retail allowance + 20% off balance	<u>Reimbursement</u> \$70
Conventional Contacts (allowance includes materials only)	\$150 retail allowance	<u>Reimbursement</u> \$105

### You can use FSA or HSA dollars to pay for glasses, contacts, & copays!

VSP