

Life is  
better in  
focus.™



## Get access to the best in eye care and eyewear with University of Wisconsin Hospital & Clinics and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### You'll like what you see with VSP.

- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call 800.400.4569.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

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

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's online eyewear store.

| Save with VSP Coverage            | Without VSP Coverage | With VSP Coverage |
|-----------------------------------|----------------------|-------------------|
| Eye Exam                          | \$156                | \$15              |
| Frame                             | \$130                | \$25              |
| Single Vision Lenses              | \$85                 |                   |
| Photochromic Adaptive Lenses      | \$111                | \$70              |
| Anti-reflective Coating           | \$114                | \$69              |
| Employee-only Annual Contribution | N/A                  | \$78.48           |
| <b>Total</b>                      | <b>\$596</b>         | <b>\$257.48</b>   |

Comparison based on WI averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: **\$338.52**

Enroll in VSP 10/02/2017 - 10/27/2017. You'll be glad you did.  
Contact us. 800.400.4569  
[stateofwiemployees.vspforme.com](http://stateofwiemployees.vspforme.com)

# Your VSP Vision Benefits Summary



University of Wisconsin Hospital & Clinics and VSP provide you with an affordable eye care plan.

**Open Enrollment:** 10/02/2017 - 10/27/2017

**VSP Coverage Effective Date:** 01/01/2018

**VSP Provider Network:** VSP Choice

| Benefit                                  | Description  | Copay   | Frequency                 |
|--|--|---|---------------------------|
| <b>Your Coverage with a VSP Provider</b> |  |   |                           |
| <b>WellVision Exam</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Available twice every calendar year for dependent children</li> </ul>  | \$15  | Every calendar year       |
| <b>Prescription Glasses</b>              |  | \$25  | See frame and lenses      |
| <b>Frame</b>                             | <ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Available every calendar year for dependent children</li> </ul>   | Included in Prescription Glasses                    | Every other calendar year |
| <b>Lenses</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>   | Included in Prescription Glasses                    | Every calendar year       |
| <b>Lens Enhancements</b>                 | <ul style="list-style-type: none"> <li>Scratch Resistant Coating</li> <li>UV Protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>   | \$0<br>\$0<br>\$55<br>\$95 - \$105<br>\$150 - \$175 | Every calendar year       |
| <b>Contacts (instead of glasses)</b>     | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>   | Up to \$40  | Every calendar year       |
| <b>Primary Eyecare</b>                   | <ul style="list-style-type: none"> <li>Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>  | \$20  | As needed                 |
| <b>Extra Savings</b>                     | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> |   |                           |
|  | <b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>   |   |                           |
|  | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>  |   |                           |
| <b>Your Monthly Contribution</b>         | \$6.54 Employee only    \$13.08 Employee + spouse    \$14.73 Employee + child(ren)    \$23.54 Employee + family  |   |                           |

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

|                            |            |                             |            |                          |             |
|----------------------------|------------|-----------------------------|------------|--------------------------|-------------|
| Exam .....                 | up to \$45 | Lined Bifocal Lenses .....  | up to \$50 | Progressive Lenses ..... | up to \$50  |
| Frame .....                | up to \$70 | Lined Trifocal Lenses ..... | up to \$66 | Contacts .....           | up to \$105 |
| Single Vision Lenses ..... | up to \$33 |                             |            |                          |             |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. 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.

Contact us. [800.400.4569](tel:8004004569) | [stateofwiemployees.vspforme.com](http://stateofwiemployees.vspforme.com)

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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# VSP Primary EyeCare Plan<sup>SM</sup>



VSP puts our members first and guarantees your satisfaction. As the only national not-for-profit vision care company, we reinvest in the things you value most—like protecting your eyes with medical and urgent eye care services available through the VSP Primary EyeCare Plan.



## What's covered?

- Treatment for eye pain, or conditions like pink eye
- Tests to diagnose sudden vision changes
- Pictures of your eyes to detect and track eye conditions
- Exams to monitor cataracts
- Retinal screenings<sup>1</sup>

With VSP, you get high-quality vision care from doctors who have met high credentialing requirements and provide you with the best care. If you need to see a specialist, they'll coordinate with your primary care physician.

## It's easy to use.

Visit your VSP doctor whenever you need to—services are covered with just a \$20 copay. No referral is needed.<sup>2</sup>

- Find the VSP doctor who's right for you. To find a VSP doctor, visit [stateofwiemployees.vspforme.com](http://stateofwiemployees.vspforme.com) or call **800.400.4569**.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

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

# 100%

SATISFACTION  
GUARANTEED

Questions? [stateofwiemployees.vspforme.com](http://stateofwiemployees.vspforme.com) | **800.400.4569**

1. For eligible members with diabetes 2. Some health plans require a referral from a primary care physician.

VSP Primary EyeCare coverage is only available through a VSP doctor and pays secondary to other medical eye insurance coverage. This coverage is for health-related vision problems and doesn't cover routine eye exams. Contact your VSP doctor for an appointment to use your routine eye care benefits.

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