

## Vision Coverage

Because eye care is such an important part of your overall health, Louisville Metro Government offers vision care benefits through VSP, a leading vision benefits carrier with thousands of participating vision providers nationwide.

You may obtain a complete yearly eye exam, eyeglass lenses every 12 months and frames every 24 months. When you stay within plan allowances, you pay nothing more than a small copayment – \$10 per exam and \$10 for eyeglass lenses and frames. Optional upgrades will cost more, but you will still receive a discount, based on the wholesale price, not retail.

### Who is eligible?

You are eligible if you are a regular full-time employee of Louisville Metro or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. Your spouse and dependent children are also eligible. Dependent children may be covered from birth to age 26.

### How does the plan work?

Under the VSP plan, you do not need an ID card. Simply follow these steps:

- Contact a VSP doctor.
- Let the doctor's office know you are a VSP member.
- Provide your name and the last four digits of your Social Security number.
- The VSP doctor will handle the rest, including coverage verification, authorization and claim submissions.

Prefer to carry an ID card when you visit your doctor? Visit [www.vsp.com](http://www.vsp.com) and print out your own (see below).

Your eyes are amazing. We'll treat them amazingly well.

Let us help you:

- Find the right doctor for you
- Keep your eyes healthy with a WellVision Exam
- Love how you look in great eyewear
- Save money

**Get started. It's a breeze.**

1. Just find a VSP doctor at [vsp.com](http://vsp.com) or call 800-877-7195.
2. Make your appointment and tell them you have VSP.
3. Check out your coverage on [vsp.com](http://vsp.com) before you go.

**That's it!**

My doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2011 Vision Benefits

Benefit	VSP Network	Non-VSP Provider
<b>WellVision® exam</b>	Covered in full after \$10 copay	Plan pays up to \$43
<b>Lenses (per pair)</b> <b>Bifocal</b> <b>Trifocal</b>	Covered in full after \$10 copay	Plan pays up to \$26
	Covered in full after \$10 copay	Plan pays up to \$43
	Covered in full after \$10 copay	Plan pays up to \$60
<b>Contact lenses</b> <b>Elective</b> <i>(includes lens services and materials)</i> <b>Medically necessary</b>	Covered in full up to \$115	Plan pays up to \$100
	Covered in full	Plan pays up to \$210
<b>Frames</b>	Covered in full up to \$110 after \$10 copay	Plan pays up to \$40
<b>Laser VisionCare Program™</b>	VSP laser centers offer discounts for PRK, LASIK and Custom LASIK surgery.	

\*When covered in full services are provided by a VSP doctor, you have no out-of-pocket costs except for any applicable copays.

If you have any questions about the plan, VSP customer service representatives are available Monday through Friday, from 8:00 AM to 10:00 PM Eastern Time, and Saturday from 9:00 AM to 5:30 PM. Call them toll-free 1-800-877-7195 or chat online at [www.vsp.com](http://www.vsp.com).

Employee Only	\$ 5.44
Employee + Spouse	\$10.40
Employee + Child/Children	\$11.14
Family	\$16.74