



Protect
your vision
with VSP.

Get the best in eyecare and eyewear with CITY OF SACRAMENTO and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider 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.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **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.

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 Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2016

CITY OF SACRAMENTO and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Base Plan			VSP Provider Network: VSP Choice			Premium Plan			VSP Provider Network: VSP Choice		
Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay	Benefit	Description	Copay
Your Coverage with a VSP Provider											
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
Prescription Glasses			\$20			Prescription Glasses			\$20		
Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands like Anne Klein, bebe®, ck Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$20 \$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$20 \$55 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Anti-reflective coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$20 \$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20

Extra Savings	Glasses and Sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
	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		
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.		
Exam	up to \$45	Lined Bifocal Lenses
Frame	up to \$70	Lined Trifocal Lenses
Single Vision Lenses	up to \$30	Progressive Lenses
		Contacts
		up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

¹Brands/Promotion subject to change.

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