

VSP



As an additional benefit, you may enroll in VSP vision care, which provides you the advantage of group discounts for services and products, such as vision testing and eyeglasses. **VSP enrollment is optional and you pay the entire cost.**

To take advantage of VSP's discounts, you must use VSP contracted providers. VSP's contracted providers include ophthalmologists and opticians as well as affiliate providers, such as Costco, Visionworks, and other retail chains.

YOUR BENEFIT OPTIONS

VSP provides two benefit options. Both options include glasses or contact lenses. One option also includes an annual eye exam while the other option does not include an exam.

VSP SAVINGS

VSP can help you save on your vision healthcare costs. Here's an example of the typical savings:

OPTION WITH ANNUAL EYE EXAM	RETAIL COST	PARTICIPANT COST
Exam	\$181	\$0
\$150 frames	\$150	\$0
Single-vision lenses	\$120	\$0
Polycarbonate	\$60	\$31
TOTAL	\$511	\$31

HOW TO ENROLL

To enroll in VSP or change your VSP plan, visit our website during Open Enrollment at www.dmba.com. If you're currently enrolled, your enrollment will carry over automatically next year. To reach VSP, call 800-877-7195 or visit www.vsp.com.



VSP VISION CARE *WITHOUT* AN ANNUAL EYE EXAM
Choose one of the following (glasses OR contact lenses, not both):

Glasses		
Vision Care Services	Participant Cost from a Network Provider	Non-Network Reimbursement
Frames and lenses	VSP covers first \$150; you pay 80% of amount over \$150	Up to \$70
Standard Plastic Lenses		
Single vision	\$0	Up to \$30
Lined bifocal	\$0	Up to \$50
Lined trifocal	\$0	Up to \$65
Standard progressive	\$0	Up to \$50
Custom and premium progressive	\$95 to \$175	Up to \$50
Lenticular	\$0	Up to \$100
Lens Options (paid by the participant and added to the base price of the lens)		
Tint (solid and gradient)	\$0	Up to \$5
UV treatment	\$0	Not covered
Standard plastic scratch coating	\$0	Not covered
Standard polycarbonate	\$31 for single vision \$35 for multifocal	Not covered
Standard polycarbonate for children (younger than 19)	\$0	Not covered
Standard anti-reflective coating	\$41	Not covered
Polarized	80%	Not covered
Frequency		
Frames	One per calendar year	
CONTACT LENSES (in lieu of glasses, allowance covers materials only)		
Conventional	VSP covers first \$130	Up to \$115
Disposables	VSP covers first \$130	Up to \$115
Medically necessary	\$0	Up to \$210
OTHER SERVICES		
LASIK & PRK vision correction procedures	15% off retail price OR 5% off promotional pricing	Not covered

VSP participants get a 20% discount on a second pair of glasses or sunglasses, including lens options, when purchased from a VSP network doctor within 12 months of their last eye exam.

VSP VISION CARE *WITH* AN ANNUAL EYE EXAM

This option includes all the benefits listed under VSP Vision Care without an Annual Eye Exam and includes these additional benefits:

Vision Care Services	Participant Cost from a Network Provider	Non-Network Reimbursement
Exam with dilation as necessary	\$0	Up to \$45
Contact lens fit and follow-up		
Standard	Up to \$40 copayment	Included in the contact lens allowance
Premium	Up to \$40 copayment	Included in the contact lens allowance
Frequency		
Exam	One per calendar year	

VSP offerings are not sponsored, maintained, or contributed to by DMBA, and DMBA does not administer or otherwise exercise any authority with respect to VSP's offerings. As a matter of convenience to its participants, DMBA permits VSP to make its eye care services available to DMBA's participants and facilitates payment for such offerings through payroll withholding, but DMBA has no other role with respect to VSP. Participation is completely voluntary.