

VISION

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 plan year and frames every other plan year. When you stay within plan allowances, you pay nothing more than a small copayment – \$10 per exam and \$10 for eyeglass lenses and/or frames.

How does the plan work?

VSP plan does not issue ID cards. 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 and print out your own. If you have any questions about the plan, VSP customer service representatives are available Monday through Friday, from 8:00 AM to 11:00 PM Eastern Time, Saturday from 10:00 AM to 11:00 PM and Sunday 10:00 am to 10:00 pm. Call them toll-free 800-877-7195 or chat online at www.vsp.com.

PY17 VISION BENEFITS

| Benefit | VSP Network | Non-VSP Provider |
|--|---|--|
| WellVision® exam | Covered in full after \$10 copay | Plan pays up to \$45 after copay |
| Routine Retinal Imaging | Covered in full after \$20 copay | No coverage |
| Lenses (per pair) | Covered in full after \$10 copay | Plan pays up to \$30 after copay |
| Bifocal | Covered in full after \$10 copay | Plan pays up to \$50 after copay |
| Trifocal | Covered in full after \$10 copay | Plan pays up to \$65 after copay |
| Polycarbonate | Covered in full | No coverage |
| Contact lenses | | |
| Elective (includes lens service and materials) | Plan pays up to \$130 (no copay) | Plan pays up to \$105 (no copay) |
| Medically necessary | Covered in full after \$10 copay | Plan pays up to \$210 after copay \$10 copay |
| Frames | Plan pays up to \$150 after copay - 20% discount on amount over allowance | Plan pays up to \$70 after copay |
| Laser VisionCare ProgramSM | 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.*

PY17 Monthly Vision Costs

| | |
|---|---------|
| Employee | \$ 5.92 |
| Employee + Spouse | \$11.31 |
| Employee + Child(ren) | \$12.11 |
| Employee + Spouse + Child(ren) | \$18.20 |
| Employee + Qualified Adult | \$11.31 |
| Employee + Qualified Adult + Child(ren) | \$18.20 |

For a full listing of vision benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.

