

# A Look at Your VSP Vision Coverage

With VSP and IBEW Western Utilities Health & Welfare Trust Fund, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices		
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### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

  
vision care

More Ways  
to Save

Extra

\$50

to spend on

Featured Frame Brands†

bebe Calvin Klein  
COLE HAAN DRAGON  
FLEXON LONGCHAMP  
and more

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

Up to

40%

Savings on  
lens enhancements‡

Create an account today.

Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary

IBEW Western Utilities Health & Welfare Trust Fund and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**

VSP Choice

**EFFECTIVE DATE:**

01/01/2025



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>Routine retinal screening</li> </ul>	\$0 for exam and glasses Up to \$39	Every calendar year																		
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed																		
<b>PRESCRIPTION GLASSES</b>																					
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$300 Featured Frame Brands allowance</li> <li>\$250 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$250 Walmart/Sam's Club frame allowance</li> <li>\$135 Costco frame allowance</li> </ul>	Combined with exam	Every calendar year																		
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Combined with exam	Every calendar year																		
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium &amp; Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$35	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 \$60	Every calendar year																		
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>																				
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>																				
	<p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>																				
<b>COVERAGE WITH AN OUT-OF-NETWORK PROVIDER</b>																					
<p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to <a href="https://www.vsp.com">vsp.com</a> to find an in-network provider. Your plan provides the following out-of-network reimbursements:</p> <table border="0"> <tr> <td>Exam .....</td> <td>up to \$45</td> <td>Lined Bifocal Lenses .....</td> <td>up to \$50</td> <td>Progressive Lenses .....</td> <td>up to \$50</td> </tr> <tr> <td>Frame .....</td> <td>up to \$70</td> <td>Lined Trifocal Lenses .....</td> <td>up to \$65</td> <td>Contacts .....</td> <td>up to \$105</td> </tr> <tr> <td>Single Vision Lenses .....</td> <td>up to \$30</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50	Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105	Single Vision Lenses .....	up to \$30				
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\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://www.vsp.com).

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# FREQUENTLY ASKED QUESTIONS

At VSP® Vision Care, we're dedicated to offering a benefit that's simple to use and worry free. Here are answers to questions we're asked most about our services for members.



## VSP MEMBER SERVICES



QUESTIONS	ANSWERS
What's the best way to communicate and promote the VSP benefit to members?	We have a variety of member communication tools designed to increase awareness and understanding of the VSP benefit. They're easy to read and provide all the benefit information members need. Please review the enclosed Member Communications Overview, and then contact the Client Support Team at <b>800.216.6248</b> for more information or to order the tools you need.
Do members need an ID card?	An ID card, or Member Vision Card, isn't required for members to receive services or care. Members simply call a VSP network provider to schedule an appointment, and tell them that they're a VSP member. The network provider and VSP handle the rest. If a member wishes to have an ID card, they can create an account and log on at <b>vsp.com</b> to print one.
How do members obtain a list of VSP network providers?	They should visit <b>vsp.com</b> or contact VSP at <b>800.877.7195</b> . Clients registered for the Manage Your Plan section at <b>vsp.com</b> can download customized VSP network provider lists as PDF or Excel files. Members and dependents have instant access through <b>vsp.com</b> to check coverage and eligibility, find a VSP network provider, and learn more about eye care wellness.
If members have questions about plan coverage, eligibility, or eye care wellness information, where should I direct them?	Members can also call VSP Member Services any time at <b>800.877.7195</b> or access our automated benefits information system to check eligibility or find a network provider. VSP Member Services is available Monday – Friday, from 5:00 a.m. to 8:00 p.m.; Saturday, 7:00 a.m. to 8:00 p.m.; and Sunday, 7:00 a.m. to 8:00 p.m. (Pacific Time).
Can we link our intranet or website to the VSP website?	Yes. To make it easy for members to find <b>vsp.com</b> , add the following code to your website: <code>&lt;a href=http://www.vsp.com&gt;VSP&lt;/a&gt;</code> .
What is my client ID number to register for the Manage Your Plan section?	You'll receive your client ID number with your welcome call or email. Each month's bill contains your client ID number, along with the active division and class number(s). Or, contact the Client Support Team at <b>800.216.6248</b> for your client ID number.

QUESTIONS	ANSWERS
<p>What if a member is dissatisfied with a VSP network provider, or the materials received through the VSP benefit?</p>	<p>Our Member Promise Program guarantees complete member satisfaction with services received from a VSP network provider. If a member isn't happy with the services or products from a VSP network provider when using their VSP benefit, please have them contact VSP Member Services at <b>800.877.7195</b>.</p>
<p>Can members choose any eye care provider?</p>	<p>Yes. If VSP out-of-network coverage is included in your plan, members can obtain services from any provider they choose, including national or retail chains. Reimbursement for out-of-network services is according to a schedule with the same copays and limitations as services through VSP network providers. However, VSP can't guarantee satisfaction or extend discounts when using an out-of-network provider.</p>
<p>How do members collect reimbursement after visiting an out-of-network provider?</p>	<p>When services and/or materials are obtained from an out-of-network provider, members have two reimbursement choices:</p> <ol style="list-style-type: none"> <li>1. Most out-of-network providers will submit a request for reimbursement on behalf of VSP members. This means members won't need to pay their entire bill up front and will only be responsible for paying applicable copays and any balance above their out-of-network schedule.</li> <li>2. Members can pay the provider directly and submit a claim to VSP for reimbursement, using the following procedure: <ol style="list-style-type: none"> <li>A. Visit the <b>Benefits &amp; Claims</b> section of <b>vsp.com</b> to begin a claim.</li> <li>B. The member should fill out the claim form completely and submit an itemized receipt or statement that includes: <ul style="list-style-type: none"> <li>• Doctor name or office name</li> <li>• Name of Patient</li> <li>• Date of Service</li> <li>• Each service received and the amount paid</li> </ul> </li> <li>C. Submit claims online at <b>vsp.com</b> or by mail to: <p style="margin-left: 20px;"><b>VSP</b> <b>P.O. Box 385018</b> <b>Birmingham, AL 35238-5018</b></p> </li> </ol> </li> </ol> <p>Please note that claims for reimbursement must be filed within 12 months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule.</p>