

Protect your vision with VSP.



Get the best in eyecare and eyewear with Monroe County and VSP® Vision Care through The Standard.



Why enroll in VSP Eye Care through The Standard? 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.

- **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.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, 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.

- **Create an account 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 888-869-8252.
- **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 more.

12-Month Plan: Participation in the Vision Plan is an annual election on **June 1st** of each year. You will have the opportunity to change your election or cancel coverage only on **June 1st** of each year. Once your election is made, you will be insured for 12 months.

Save with VSP coverage:	Without VSP Coverage	With VSP Coverage
Eye Exam	\$164	\$0 Copay
Frame	\$150	\$20 Copay
Single Vision Lenses	\$90	
Photochromic Adaptive Lenses	\$106	\$70
Anti-reflective Coating	\$111	\$69
Employee-only Annual Contribution	N/A	\$100.36
Total	\$621	\$259.36
<p>Comparison based on state New York averages for comprehensive eye exams and most commonly purchased brands</p> <p>NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.</p>		
<p>Average Annual Savings with a VSP Provider</p> <p>\$361.64</p>		

Enroll in VSP through 05/25/2022

Questions? Please call Norvest Financial Services, Inc.
888.869.8252

Your Vision Benefits Summary

Monroe County and VSP through The Standard provide you with an affordable eyecare plan.



VSP Coverage Effective Date: 06/01/2022

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every calendar year*
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year*
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year*
Lens Enhancements (Other than Costco)**	<ul style="list-style-type: none"> Scratch resistant coating Anti-reflective coating STD. Polycarbonate Average savings of 20-25% on other lens enhancements 	\$17-\$33 \$43-\$85 \$33 Adults	Every calendar year*
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year*
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Dependent Child(ren) Coverage	<ul style="list-style-type: none"> Coverage up to age 19 and up to 23 if a full-time student 		

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 Single Vision Lenses.....up to \$30 Lined Trifocal Lenses.....up to \$65 Contacts.....up to \$120
 Frame.....upto\$75 Lined Bifocal Lenses.....up to \$50

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

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.

* = Based on date of service

** = Employees receive a wholesale equivalent to the retail in-network allowance.

Your Bi-Weekly Premium	Employee - \$3.86 Employee + Spouse - \$7.61 Employee + Child(ren) - \$7.18 Family - \$10.93
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¹ Brands/Promotion subject to change.

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