

SAMPLE ONLY-- during October 2013 Enrollment, members will receive a special registration ID code in the mail. This is for information only.



Keep your eyes healthy with State of Wisconsin and VSP® Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** You can choose any eyecare provider—your local VSP doctor, a retail chain affiliate, or any other provider. Once your benefit is effective, visit vsp.com for your complete benefit description.

Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.** To find a VSP doctor or retail chain affiliate, visit vsp.com/go/stateofwiemployees or call **800.400.4569**.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Save with VSP coverage:	Without VSP Coverage	With VSP Coverage
Eye Exam	\$134	\$15 Copay
Frame	\$130	\$25 Copay
Single Vision Lenses	\$76	
Scratch-resistant Coating	\$41	\$0
Transitions® Lenses	\$101	\$70
Employee-only Annual Contribution	N/A	\$76.20
Total	\$482	\$186.20

*Comparison based on Wisconsin state averages for comprehensive eye exams and most commonly purchased brands

Average Annual Savings
\$295.80
 with a VSP Doctor



Enroll in VSP today.
 You'll be glad you did.
 Contact us.
vsp.com/go/stateofwiemployees

Your VSP Vision Benefits Summary

State of Wisconsin and VSP provide you with an affordable eyecare plan.

VSP Coverage Effective Date: 01/01/2014

VSP Doctor Network: VSP Choice

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency	
Your Coverage with VSP Doctors and Affiliate Providers*				
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Available twice every calendar year for dependent children 	\$15	Every calendar year	
Prescription Glasses		\$25	See frame and lenses	
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance Available every calendar year for dependent children 	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 Options	<ul style="list-style-type: none"> Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options 	\$0 \$55 \$95 - \$105 \$150 - \$175	Every calendar year	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year	
Extra Savings and Discounts	Glasses and Sunglasses			
	<ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. 			
	Retinal Screening			
	<ul style="list-style-type: none"> Guaranteed pricing on retinal screening as an enhancement to your 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 Monthly Contribution	\$6.35 Employee only	\$12.70 Employee + spouse/DP	\$14.30 Employee + child(ren)	\$22.85 Employee + family

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....up to \$45	Single Vision Lenses.....up to \$33	Lined Trifocal Lenses.....up to \$66	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	

***Coverage with a retail chain affiliate 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.

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You'll be glad you did.
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