



CIS Benefits and VSP provide you an affordable eyecare plan  
Effective 1/1/15 – 12/31/15

**Doctor Network.....VSP Signature**

## Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

**Personalized Care.** A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

**Eyewear.** Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

**Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

### Using your VSP benefit is easy.

- **Find the right eyecare provider for you.** To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.** Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required.

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

For your complete benefit description, visit [vsp.com](http://vsp.com) or call 800.877.7195.

VSP provides vision claims payment services only and does not assume financial risk or obligation with respect to payment of claims.



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cis benefits  
[www.cisbenefits.org](http://www.cisbenefits.org)

### Your Coverage with a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness

**Exam.....every other calendar year – Adults**  
**Exam..... every calendar year – Children**

#### Prescription Glasses

**Lenses .....every other calendar year – Adults**  
**Lenses ..... every calendar year – Children**

*Single vision, lined bifocal, and lined trifocal lenses.  
Progressive lenses covered after \$50 copay.  
Polycarbonate lenses for dependent children.*

**Frame .....every other calendar year**

- \$120.00 allowance for a wide selection of frames
- 20% off the amount over your allowance.

~OR~

**Contact Lens Care.....every other calendar year**

**Contact Lens Care. every calendar year – Children**  
\$166.00 allowance for contacts and the contact lens exam (fitting and evaluation).

### Extra Discounts and Savings

#### Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

#### Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

### Your Coverage with Other Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

Out-of-network claims must be submitted to VSP within one year. Send an itemized receipt with employee name, DOB, last 4 digits of ss#, patient name and DOB to: VSP, PO Box 997105, Sacramento, CA 95899-7105. Keep a copy for your records.

**Exam .....Up to \$71.00**  
**Single vision lenses .....Up to \$51.00**  
**Lined bifocal lenses .....Up to \$77.00**  
**Lined trifocal lenses .....Up to \$100.00**  
**Frame .....Up to \$66.00**  
**Contacts .....Up to \$166.00**

*VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.*

Vision every 24 months – VSP-3