

VISION BENEFIT PROPOSAL

CUSTOMIZED FOR Montezuma County



EYE CARE WITH A BIGGER FOCUS

Your well-being is at the heart of everything we do. Like harnessing the power of eye exams to detect signs of health conditions before they become more serious. That's why it's no surprise more than 81 million people in the U.S. choose VSP® Vision Care for their eye care and eyewear. For over 65 years, we've put people before profit—pushing the limits on what's possible to help everyone see well and be well.

#1 IN ACCESS TO QUALITY CARE*

Choice of an independent doctor or popular retail chain, including Visionworks®, Walmart, and more.

#1 IN SELECTION OF EYEWEAR*

The latest styles at the lowest out-of-pocket cost* in-store or online at **eyeconic.com®**.

#1 IN MEMBER SATISFACTION*

A no-hassle benefit that members enroll in and use more than any other vision plan.*

VSP CHOICE PLAN®: CUSTOMIZED BENEFIT OPTIONS AND MONTHLY RATES

100% participation of Employee and Dependents enrolled in the Medical plan 200-299 Employees Enrolled Sliding 10% Commission			BUY UP
FREQUENCY	COPAYS AND ALLOWANCES	ENHANCEMENTS AND SUPPLEMENTAL BENEFITS	
Exam every 12 months	\$10 Exam Copay		
Lenses every 12 months	\$20 Frame/Lens Copay		
Frame every 12 months	\$130 Frame Allowance		
Contact Lenses every 12 months (Instead of lenses and frame)	\$130 Contact Lens Allowance		
100% participation of Employee and Dependents enrolled in the Medical plan 200-299 Employees Enrolled Sliding 10% Commission			BASE
FREQUENCY	COPAYS AND ALLOWANCES	ENHANCEMENTS AND SUPPLEMENTAL BENEFITS	
Exam every 12 months	\$10 Exam Copay		
Lenses every 12 months	\$20 Frame/Lens Copay		
Frame every 24 months	\$130 Frame Allowance		
Contact Lenses every 12 months (Instead of lenses and frame)	\$130 Contact Lens Allowance		

The Commercial Business rates quoted above for the VSP Choice Plan are valid based on: **i.** an effective date of January 1, 2025 for a client headquartered in Colorado, **ii.** 24-month rate guarantee and contract term, and **iii.** the agreement that VSP will receive these amounts over the full plan term. Rates include all applicable taxes and health assessment fees known on the date of this proposal and include platform participation and associated fees. Individual experience is not available for pooled groups.



THE VSP CHOICE PLAN IS FULL OF BENEFITS

The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.

AVERAGE SAVINGS OF 30% ON ALL LENS ENHANCEMENTS¹

Protection from UV,
relief from digital
eyestrain, and more.

COVERAGE FOR URGENT AND MEDICAL EYE CARE

Care for conditions like pink eye,
dry eye, diabetic eye disease
and glaucoma.

UP TO \$3,000 IN SAVINGS

Contact lens rebates and
discounts on hearing aids,
prescriptions—the list goes on.²

VSP CHOICE PLAN BENEFITS		
	In-network	Out-of-network
Vision Care		
WellVision Exam*	Covered-in-full after copay	Reimbursed up to \$45
Contact Lens Exam, Fitting, and Evaluation (Standard & Premium)	Covered-in-full after copay, not to exceed \$60	Not applicable
Routine Retinal Scanning	Covered-in-full after copay, not to exceed \$39 ³	Not applicable
Frames		
	Covered-in-full after copay, up to frame allowance ⁴	Reimbursed up to \$70
	20% off any amount above the allowance ^{3,4}	
	Extra \$20 allowance on Featured Frame Brands ^{4,6}	
Lenses		
Single Vision		Reimbursed up to \$30
Lined Bifocal		Reimbursed up to \$50
Lined Trifocal	Covered-in-full after copay	Reimbursed up to \$65
Lenticular		Reimbursed up to \$100
Standard Progressive Lenses		Reimbursed up to \$50
Lens Enhancements Enhanced coverage may apply. Refer to the option(s) under Customized Benefit Options and Monthly Rates.		
Premium Progressive Lenses	\$95 - \$105	Not applicable
Custom Progressive Lenses	\$150 - \$175	
Standard Anti-Reflective Coating	\$41	
Photochromic Lenses	\$75	
Solid Tints and Dyes	\$0	
Plastic Gradient Tints	\$17	
Polycarbonate Lenses	\$31 - \$35; \$0 for children	
Scratch-Resistant Coating	\$17	
UV Protection	\$16	
Contact Lenses Instead of lenses and frame		
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to \$105 ^{3,8}
Necessary	Covered-in-full after copay	Reimbursed up to \$210

VSP CHOICE PLAN BENEFITS (CONTINUED)		
	In-network	Out-of-network
Additional Benefits		
Essential Medical Eye Care^{SM,8} Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma	Covered-in-full after copay; not to exceed \$20	Not applicable ¹⁰
Low Vision Supplemental testing and coverage for approved low vision aids; for members with vision loss that prevents reading, moving around in unfamiliar surroundings, and completing desired tasks	Up to \$1,000 every two years; covers 100% supplemental testing and 75% for approved low vision aid	
VSP Laser VisionCareSM Program⁹ Discounted access for laser vision correction services	Average savings of 15-20% off retail price or 5% off promotional price	
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ^{3,4,5}	

Offer employees a vision benefit they're going to love.
Contact your VSP representative to get started.

Confidentiality Statement
This proposal has been designed by VSP specifically for Montezuma County. It contains confidential information that is unique to our plan designs and rate structures, all of which are critical to VSP trade secrets. For this reason, we respectfully request that the information in this proposal be treated as confidential, as allowed under applicable laws, and not released to any interested parties without VSP written consent. It is also important to note that our proposal is based on the scope of the obligations that VSP agrees to undertake. VSP will comply with state and/or federal rules and regulations as they pertain to prepaid vision plans with a defined benefit.

- Exclusions and Limitations**
- When covered-in-full benefits are obtained from a VSP network doctor, the member will have no out-of-pocket costs other than copays. Vision care and eyewear obtained from an out-of-network provider are subject to product availability and the same copays. For details, see above.
 - Some eyewear and vision care may be limited or not covered under this plan, as follows. Please contact VSP Vision Care for more information.
 - Cosmetic materials, such as lenses with refractive correction of less than $\pm .50$ diopter, unless otherwise stated above.
 - Services and/or materials not specifically indicated on this schedule as covered plan benefits.
 - Two pairs of glasses instead of bifocals.
 - Replacement of lenses, frames, and/or contact lenses furnished under this plan which are lost/broken/damaged, except at the normal intervals when services are otherwise available.
 - Orthoptics or vision training and any associated supplemental testing. Medical or surgical treatment of the eyes and services associated with CRT or orthokeratology.
 - Contact lens insurance policies or service agreements. Refitting of contact lenses after the initial (90-day) fitting period. Additional office visits associated with contact lens pathology.
 - Contact lens modification, polishing, or cleaning.
 - Local, state, and/or federal taxes, except where VSP is required by law to pay.
 - Coverage shall be governed solely by the terms of your VSP contract.

- Additional exclusions and limitations related to specific benefits of the VSP Choice Plan:
1. Savings off average usual and customary pricing based on VSP claims data.
 2. Hearing aid discounts are not available in CA or WA.
 3. Based on applicable laws, benefits may vary by location.
 4. Benefits may vary at retail chain locations. Costco frame allowance is \$70 as prices already include discounts instead of those noted. Extra frame allowance on Featured Frame Brands is not available at Costco, Walmart and Sam's Club.
 5. 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. Members also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam. Exceptions at retail locations may apply.
 6. Reflects current promotion. Featured Frame Brands are subject to change. Available only to VSP members with applicable plan benefits through VSP network doctors and in-network locations. Not available to members whose coverage includes an additional \$50 allowance on Featured Frame Brands. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.
 7. If \$100 in-network allowance is purchased, members will be reimbursed up to \$85 out-of-network.
 8. Essential Medical Eye Care pays secondary to the member's medical insurance.
 9. Discounts only available from VSP-contracted facilities.
 10. Essential Medical Eye Care is available out-of-network in states where it's required by law.
 11. Pre-made and ready-to-wear glasses are covered by plan's frame and lens benefit and is in lieu of prescription frame and lenses.

*2017 National Vision Plan Member Research
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