



Put your eyes at ease with VSP LightCare

Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor. Sunglasses or blue light filtering glasses may be just what you're looking for.

KEEP YOUR EYES PROTECTED OUTDOORS AND IN:

Always wear sunglasses outdoors. Protect your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.² Wear blue light filtering glasses indoors to combat digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

PROVIDER CHOICES YOU WANT

The VSP Premier Program includes thousands of **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide.



Prefer to shop online?

At **eyeconic.com®**, you'll be shopping at the preferred online retailer for VSP members where you can connect and use your benefits.⁴

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Your VSP LightCare Coverage with a VSP Network Doctor*

Eye Exam

A fully covered comprehensive WellVision Exam®.¹

Eyewear

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

- non-prescription sunglasses *or*
- non-prescription blue light filtering glasses

*Register and log in to **vsp.com** to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? **vsp.com** | 800.877.7195

1. Less any applicable copay 2. Tips for Choosing the Best Sunglasses, American Academy of Ophthalmology, June 2021 3. To find out whether your employer participates in Eyeconic®, log in to **vsp.com** to check your vision benefits.

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Classification: Public

A Look at Your VSP Vision Coverage

With VSP and NACO BENEFIT SERVICES,
your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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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.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

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** 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.

More Ways to Save

Extra

\$20

to spend on
Featured Brands*

bebe CALVIN KLEIN
COLE HAAN @DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at **vsp.com/offers**.

+

Up to

40%

Savings on
lens enhancements†

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

NACO BENEFIT SERVICES and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME*	<ul style="list-style-type: none"> • \$205 featured frame brands allowance • \$185 frame allowance • 20% savings on the amount over your allowance • \$100 Walmart® / Costco® frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> • UV Coating • Standard progressive lenses • Anti-Reflective • Premium progressives lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements 	\$0 \$0 \$40 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$140 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
LIGHTCARE™	<ul style="list-style-type: none"> • \$185 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$25	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> • Retinal screening for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	Available as needed
ADDITIONAL COVERAGE	<ul style="list-style-type: none"> • Additional Pairs of Eyewear; Within 12 months of exam, 20% off unlimited additional pairs of prescription glasses and sunglasses, from any VSP provider within 12 months of your last WellVision Exam. 		
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/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. Routine Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a 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	\$9.62 Member only \$19.31 Member + spouse \$23.73 Member + child(ren) \$31.84 Member + family		

YOUR COVERAGE GOES FURTHER IN-NETWORK

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 vsp.com to find an in-network provider.

EMPLOYEE ONLY	\$ 9.62
EMPLOYEE + SPOUSE	\$ 19.31
EMPLOYEE + CHILD	\$ 23.73
FAMILY	\$ 31.84

*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.

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.

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Classification: Restricted

**VISION SERVICE PLAN
MEMBERSHIP ENROLLMENT FORM**



Name of Group **NACO Benefit Services** Division: Group Name:

1	Social Security No.	Last Name / First Name / MI	Division:	Group Name:	Date of Birth:	Gender:
Address – Street, City, State, Zip Code (optional):						
Email address (optional):			Telephone (optional):			

2	Are you enrolling your Spouse in the VSP Plan? Y <input type="checkbox"/> N <input type="checkbox"/> If so, enter Spouse information in Section 5.	3	Are you enrolling your dependent children in the VSP Plan? Y <input type="checkbox"/> N <input type="checkbox"/> If so, enter child information in Section 5.
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4 Coverage Level and Rates

(✓)	Monthly Rates
<input type="checkbox"/> Employee Only	\$9.62
<input type="checkbox"/> Employee + Spouse	\$19.31
<input type="checkbox"/> Employee + Child(ren)	\$23.73
<input type="checkbox"/> Employee + Family	\$31.84

PLEASE LIST ALL OF YOUR DEPENDENTS THAT WILL BE ENROLLED IN THE PROGRAM

5	Last Name / First Name / MI	Date of Birth	Gender

Please Return to Your Human Resources Department. Do Not Return to VSP

☐ If this box is checked, I waive the NACO VSP vision coverage, until I would apply during an Open Enrollment period in the future.

Signature _____ **Date** _____