



Vision Service Plan

2023 Enrollment/Change Form

Group Name: City of Alameda		Effective Date: January 1, 2023				
Employee Info	Social Security No.	Sex (M/F)	Date of Birth	Phone Number		
	Last Name	First Name	Middle Initial			
	Address	City	State	Zip		
Coverage Info	Select Level of Coverage		2023 Monthly Premium			
		Cancel Coverage	N/A			
		Employee Only	\$7.80			
		Two Party	\$15.10			
		Family Coverage (3 or More)	\$24.00			
Name (Last, First, M.I.)		Relationship Code*	Gender First Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Action
			F M Nonbionary			Add Delete
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<p>*Relationship Codes: S – Spouse, DP – Domestic Partner, NC – Natural Child, SC – Step Child, AC – Adopted Child, DPC – Domestic Partner, PCR – Parent Child Relationship</p> <p>I authorize the City of Alameda to deduct the VSP premium (including any future increases) from my wages.</p> <p>_____ Employee Signature</p> <p>_____ Date</p>						

Return completed form to Human Resources



A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PRISM / CITY OF ALAMEDA AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com®** and use your vision benefits to shop over 50 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®. This comprehensive 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.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%
TO SPEND ON
FEATURED FRAME BRANDS*
SAVINGS ON LENS
ENHANCEMENTS

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LACOSTE



NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

PRISM / CITY OF ALAMEDA and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2022



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	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.Coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none">\$170 featured frame brands allowance\$150 frame allowance20% savings on the amount over your allowance\$80 Walmart®/Sam's Club®/Costco® frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
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 COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.			

*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.

Classification: Restricted

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ESSENTIAL MEDICAL EYE CARE



As the only national not-for-profit vision care company, VSP® Vision Care reinvests in the things you value most—like protecting your eyes. We are committed to providing members with the best care, which is why Essential Medical Eye Care allows you to receive additional follow-up medical eye care services from your VSP doctor, who knows your eyes best.



WHAT'S COVERED UNDER ESSENTIAL MEDICAL EYE CARE?

- Covered-in-full retinal screening (digital imaging of the inside of the eye) for members with diabetes who do not have diabetic eye disease. These retinal photographs help your doctor establish a baseline to monitor and track changes in your eyes over time
- Additional exams and services that track and monitor diabetic eye disease progression
- Treatment for dry eye, pink eye, eye injury, and foreign body removal
- Exams and services to diagnose and monitor glaucoma and cataracts
- Tests to diagnose sudden vision changes

DID YOU KNOW?

VSP members can save up to 75% on test strips and other diabetes care supplies. Visit **vsp.com/simplevalues** to access your savings.

THE PROOF IS IN THE VISION PLAN

- Visit your VSP doctor whenever needed—services are covered with just a copay.² No referral is needed.
- At your appointment, tell them you have VSP. There's no ID card necessary.
- We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

**Find the VSP doctor who's right for you at
vsp.com or call 800.877.7195.**

1. National Eye Institute, <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy> 2. Essential Medical Eye Care is considered supplemental medical eye care coverage. Your health insurance carrier should be billed as the primary payer when other coverage exists and your doctor participates on the health plan's network. Contact your VSP doctor for more information.