

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM MMEHT AND VSP.



MAINE MUNICIPAL EMPLOYEES HEALTH TRUST
1-800-852-8300 www.mmeht.org

Enroll in VSP® Vision Care to 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors.



The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider (for reduced benefits).

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®—a comprehensive exam designed to detect eye and health conditions.

	Without VSP	With VSP Coverage
Eye Exam	\$185	\$15
Frame	\$185	\$25
Bifocal Lenses	\$151	
Custom Progressive Lenses	\$258	\$150
Anti-glare Coating	\$146	\$85
Employee-only Annual Contribution	N/A	\$63.72
Total	\$925	\$338.72

USING YOUR VSP BENEFIT IS EASY.

Review your benefit information.

Log on to the Health Trust's Website at www.mmeht.org. Click on the Other Benefits header and then the link for Vision and Hearing Aids.

Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.

At your appointment, tell them you have VSP.

There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

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

YOUR AVERAGE ANNUAL SAVINGS WITH VSP

\$586.28

Enroll today.

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

YOUR VSP VISION BENEFITS SUMMARY

MMEHT 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 	\$15	Every calendar year*
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$185 frame allowance (including Walmart & Sam's Club) Additional \$50 for featured frame (total allowance \$235) 20% savings on the amount over your allowance \$95 frame allowance at Costco® 	Included in Prescription Glasses	Every other calendar year*
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 calendar year*
LENS ENHANCEMENTS	<p>Copays listed below are in addition to the materials copay</p> <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year*
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$170 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	No Copay (\$0) Up to \$60 Copay	Every calendar year*
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/offers/special-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. 		
	<p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	<p>Laser Vision Correction</p> <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	\$5.58 Employee only \$11.15 Employee + spouse \$11.94 Employee + child(ren) \$19.09 Employee + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS- Effective January 1, 2022

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	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

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.

Log in to vsp.com to find an in-network provider based on your plan type.

*Calendar year begins in January

Eligibility

-Eligible Employees-

Employees working 20 or more hours per week.

-Participation Requirements-

There's no minimum number of eligible employees needed to offer the program.

-Employee Contribution-

100% of employee contribution through payroll deduction. Pre-tax deductions recommended under a qualified plan with the Internal Revenue Code.

Contact us. 800.877.7195 | vsp.com

*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

©2021 Vision Service Plan. All rights reserved.

VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Primary EyeCare Plan is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Revised June 2023