

## 2012 Summary of Vision Coverage for Employees with Most Benefits\*

**NEW** this year!

Optional **Buy-Up Plan** provides more frequent coverage of lenses, frames and contact lenses. It also includes coverage of progressive lenses. Non-VSP provider allowances have also increased. See table below for details. Make your election by 5:00 pm on October 31 if you want to choose this new coverage starting January 1, 2012.

Plan Feature	Coverage by Provider	
	VSP Provider	Non-VSP Provider
<b>Eye exam:</b>  <b>Basic and Buy-Up Plans:</b> Covered every calendar year	\$10 copay. Exam covered in full.	\$10 Copay. Covered up to \$50.
<b>Lenses and Frames:</b>  <b>Basic Plan:</b> Covered every other calendar year  <b>Buy-Up Plan:</b> Covered every calendar year	\$25 copay.  Frames covered in full up to contract allowance of \$150.  <b>Basic Plan:</b> Single vision, lined bifocal, lined trifocal lenses are covered in full; progressive lenses <i>not</i> covered**  <b>Buy-up Plan:</b> Single vision, lined bifocal, lined trifocal, and progressive lenses are covered in full.	\$25 copay. Lenses covered up to \$50 - \$100 depending on type of lens. Frames covered up to \$70.  <b>Basic Plan:</b> Single vision, lined bifocal, lined trifocal lenses are covered as shown above; progressive lenses <i>not</i> covered**  <b>Buy-up Plan:</b> Single vision, lined bifocal, lined trifocal covered as shown above; progressive lenses covered up to \$100.
<b>Contact Lenses:</b>  <b>Basic Plan:</b> Covered every other calendar year  <b>Buy-Up Plan:</b> Covered every calendar year	<b>Basic Plan:</b> Contact lens fitting and evaluation exam & contact lenses covered up to elective contact lens allowance of \$120.***  <b>Buy-up Plan:</b> Contact lens fitting and evaluation exam and contact lenses covered up to contract allowance of \$150.***	<b>Basic Plan:</b> Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.***  <b>Buy-Up Plan:</b> Elective contact lenses covered up to \$105; includes contact lens evaluation exam, fitting and materials.***
<b>Other:</b>	<b>Basic and Buy-Up Plans:</b> Lens options such as scratch coating, anti-reflective coating, or high density plastic not covered.	

\*\*If you want features not covered by the plan, plan ahead and use your FSA to pay for it with pre-tax dollars.

\*\*\*Medically necessary contacts are covered in full (up to \$210 at a Non-VSP Provider) when patient meets specific requirements as determined by VSP doctor at the time of service.

### 2012 Monthly Vision Premiums for Most City Employees

Vision Plan	Total Monthly Premium Amount	City's Monthly Premium Payment	Employee's Monthly Premium Contribution	
			Coverage for Employee with or without children	Coverage for Employee with Spouse/ Domestic Partner with or without children
<b>Basic Plan</b>	\$8.68	\$8.68	\$0	\$0
<b>Buy-Up Plan</b>	\$19.72	\$8.68	\$11.04	\$11.04

\*This summary does not apply to employees covered by union contracts with the International Brotherhood of Electrical Workers Local 77, the Seattle Police Officers Guild, and the International Association of Fire Fighters Local 27.