

Protect your vision with VSP.



Get the best in eyecare and eyewear with MMEHT and VSP® Vision Care.



Maine Municipal Employees Health Trust
mmeht.org 800.852.8300

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we’re the only national not-for-profit vision care company, you can trust that we’ll always put your wellness first.

You’ll like what you see with VSP.

High Quality Vision Care. You’ll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.

Choice of Providers. The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.

Great Eyewear. It’s easy to find the perfect frame at a price that fits your budget.

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 link for Vision, on the Insurance Benefits-Active Employees page.

Find an eyecare provider who’s right for you.

To find a VSP provider, 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.

Choice in Eyewear

From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Save with VSP Coverage	Without VSP Coverage	With VSP Coverage
Eye Exam	\$163	\$15
Frame	\$130	\$25
Single Vision Lenses	\$88	\$70
Photochromic Adaptive Lenses	\$106	\$69
Anti-reflective Coating	\$111	\$63.72
Employee-only Annual Contribution	N/A	\$63.72
Total	\$598	\$242.72

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don’t reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: **\$355.28**

Your VSP Vision Benefits Summary

MMEHT and VSP provide you with an affordable eyecare plan.



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VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$15	Every calendar year*
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance	Included in Prescription Glasses	Every other calendar year*
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year*
Lens Enhancements	NOTE: Copays listed below are in addition to the materials copay. Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	--- \$55 \$95 - \$105 \$150 - \$175	Every calendar year*
Contacts (instead of glasses)	\$130 allowance for contacts Contact lens exam (fitting and evaluation)	No copay Up to \$60	Every calendar year*
Diabetic Eyecare Plus Program	Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers 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> <p>Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</p> <p>Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</p>		
Your Monthly Contribution	\$5.31 Employee only \$10.62 Employee + spouse \$11.37 Employee + child(ren) \$18.18 Employee + family		

Your Coverage with Out-of-Network Providers- Effective January 1, 2016

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

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 participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

*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.

Revised 2016

¹Brands/Promotion subject to change.

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