

Your vision. Our passion.



Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you're covered. You're enrolled in VSP, and with us, you'll get the personalized eyecare you deserve. We'll help you see well, stay healthy and get the most out of life.

Valuable coverage.

If it takes you a minute to review your benefits coverage, or an hour, we know you'll:

- find a doctor in your neighborhood who's right for you
- enjoy a WellVision ExamSM focused on your health
- love your eyewear choices
- get great savings

Satisfaction?
You bet. You'll
be 100% happy
or we'll make
it right.

Get started. It's a breeze.

Already have a VSP doctor?

Make an appointment today.

New to VSP and need a doctor?

Go to vsp.com or call us at 800-877-7195.

Make an appointment and tell them you have VSP.

It's that easy.

Your eyecare benefit is brought to you by City of Bozeman/MMIA and VSP

Your Coverage

When visiting a VSP network doctor, you'll receive:

Exam every 12 months

Prescription Glasses

Lenses every 12 months

- Single vision, bifocal & trifocal lenses
- Covered polycarbonate lenses for children

Frames every 12 months

Frame of your choice covered up to \$120.00.

Plus 20% discount on frame coverage

OR~

Contacts every 12 months

When you choose contacts instead of glasses, your \$105.00 allowance applies to the cost of your contacts and contact lens exam (fitting & evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts

Your Copays

Exam & Prescription Glasses \$20.00 Copay

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- Up to 30% savings on lens extras such as scratch resistant and anti-reflective coatings

Contacts*

- 15% off cost of contact lens exam (fitting & evaluation)

* Available from the same VSP doctor who provided your eye exam within the last 12 months

Out of Network Reimbursement

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor.

If you decide not to see a VSP doctor. You'll also receive a lesser benefit and typically pay more out-of-pocket. You will pay the provider in full at your appointment. Keep a copy of payment for your records and send originals to the following address: VSP, P.O. Box 997105, Sacramento, CA 95899-7105. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Reimbursement Amounts:

Exam Up to \$60.00

Lenses:

Single Vision Up to \$50.00

Bifocal Up to \$75.00

Trifocal Up to \$92.00

Frame Up to \$48.00

Elective Contact Lenses Up to \$98.00

VSP guarantees service from VSP network doctors only
In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.