

Protect your vision with VSP.



Get the best in eyecare and eyewear with CLACKAMAS COUNTY (POA) and VSP® Vision Care.



At 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.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **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.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **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.

See why we're consumers' #1
choice in vision care².

Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary



CLACKAMAS COUNTY (POA) and VSP provide you with an affordable eyecare plan for Adults and Children 19 and over..

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Choice

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 calendar year
Prescription Glasses		\$0	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 equivalent frame allowance at Costco Optical 		Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	\$0	Every other calendar year
Lens Enhancements	<ul style="list-style-type: none"> Average savings of 20-25% on lens enhancements 		Every other calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every other calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> 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</p> <ul style="list-style-type: none"> 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>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 Coverage with Out-of-Network Providers

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.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

¹Brands/Promotion subject to change.

²Blueocean Market Intelligence National Vision Plan Member Research, 2014

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Protect your child's vision with VSP.

Clackamas County – POA partners with VSP to provide vision coverage for children.



Your child is fully covered for an eye exam and glasses or contacts every year.

Your child's eyes deserve the best care to keep them healthy year after year. Plus, with VSP, you'll get a great value on eye care and eyewear for your child.

You'll like what you see with VSP.

Log in to vsp.com to:

- Find a VSP doctor who's right for your child.
- Review your child's benefit information and plan coverage before an appointment.
- At the appointment, tell them your child has VSP. Make sure to give your provider your health plan medical ID card for proof of coverage.

That's it! We'll handle the rest—there are no claim forms to complete when your child sees a VSP doctor.

Eye Exams for Children

Eighty percent of what we learn is through our eyes. Many states require that children get a comprehensive eye exam before kindergarten. Schedule an eye exam for your child at the beginning of every school year and start the year off right. Visit vsp.com to find a VSP doctor who specializes in pediatric eye care.

Visit vsp.com for more details on your child's vision benefit and the exclusive savings and promotions for VSP members.

Contact us.
vsp.com | 800.877.7195

Your VSP Vision Benefits Summary

Taking care of your child's eyes with VSP includes a covered-in-full benefit outlined below. You'll have access to the highest quality vision care from a VSP doctor you can trust. Visit vsp.com to find a doctor who's right for your child and one who carries children's frames from our exclusive Otis & Piper™ Eyewear Collection.

VSP Provider Network: VSP Choice

POA EMPLOYEES' Children 0-18

Benefit	Description	Copay (Your cost)	Frequency
Your coverage with a VSP Choice Doctor			
WellVision Exam®	<ul style="list-style-type: none"> A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye) 	\$0	Every 12 calendar year
Prescription Glasses			
Frame	<ul style="list-style-type: none"> 1 Frame from our exclusive Otis & Piper Eyewear Collection 	\$0	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular lenses Polycarbonate, scratch-resistant coating, and UV protection 	\$0	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Average savings of 20% - 25% on lens enhancements 		Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"> Contact lens exam and a minimum three-month supply of contact lenses are covered in full. <ul style="list-style-type: none"> Standard (one pair annually) Monthly (six-month supply) Bi-weekly (three-month supply) Dailies (three-month supply) Ask your VSP doctor which contacts qualify for your child's plan. 	\$0	Every calendar year
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last 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			
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. You pay 50% of the provider's billed amount.			
<small>Once your child's benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and the applicable contract, the terms of the contract will prevail.</small>			

Contact us. vsp.com | 800.877.7195