



Your eyes are amazing. We'll treat them amazingly well.

Great news! IUOE Local 399's H & W Fund has enhanced your vision plan. Beginning January 1, 2009, you'll have a comprehensive VSP® Vision Care Plan to help you see well, stay healthy, and get the most of life.

You'll love your VSP vision plan.

- Annual WellVision Exam® that focuses on your eyes and overall wellness
- \$130 allowance for any **frame or contacts** (All VSP doctors have at least 100 frames fully covered by your allowance.)
- Fully-covered single vision, lined bifocal, lined trifocal, and shatter-resistant lenses for dependent children
- 30% savings on lens options, including progressive lenses and anti-reflective coatings

If you choose to see a non-VSP provider, you'll continue to have a \$150 allowance for out-of-network coverage.

Getting started is a breeze.

- **Find the right doctor for you.** You'll find plenty to choose from at vsp.com or by calling us at **800.877.7195**.
- **Tell them you're a VSP member and your member ID.** Your member ID is the same number as your medical and dental plan ID.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime. After your appointment, check out how much you saved with your VSP coverage.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete when you see a VSP doctor.

Contact Us

vsp.com
800.877.7195

See how much more you can save with your VSP plan.

Benefit	Current Plan	VSP
		Full-service Plan (beginning 1/1/09)
Exam	\$114.00	\$10 Copay
Frame (\$130 cost)	\$130.00	\$20 Copay
Lined Bifocal Lenses	\$106.00	
Progressive Lenses	\$146.00	\$93
Total Out-of-Pocket Cost	\$346.00 (after applying your \$150 plan allowance)	\$123

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

You get
\$223.00
savings with the VSP plan.

