Protect your vision with VSP[®].



Get the best in eyewear with Salt Lake City Corporation and VSP Vision Care.

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.

- 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.
- 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 eye care 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 more.¹ Visit **vsp.com** to find a VSP provider who carries these brands.

Enroll in VSP May 1st – May 31st at www.SLCVoluntaryBenefits.com

Contact us. vsp.com | 800.877.7195

Your VSP Vision Benefits Summary

Salt Lake City Corporation and VSP provide you with an affordable eyewear plan.

Open Enrollment: 05/01/2017 – 05/31/2017 Effective Date: 07/01/2017 VSP Provider Network: VSP Choice

Benefit	Description		C	орау	Frequency	
	Your Cover	age with VSP Provi	ders			
Prescription Glasses		\$1	\$10 copay			
Frame	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands \$80 allowance at Costco[®] Optical 20% savings on the amount over your allowance 			Included with Prescription Glasses	every 12 months	
Lenses	Single vision, lined bifocal, lined trifocal lensesAverage 20-25% savings on other lens enhancements			Included with Prescription Glasses	every 12 months	
Contact Lens (Instead of spectacle lenses)	 Up to \$60 copay for your contact lens exam (fitting and evaluation) \$150 allowance for contacts 			Up to \$60	every 12 months	
Suncare	\$150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts		d of	\$10 copay	every 12 months	
	Your Bi-V	Veekly Contribution	n			
Your Bi-Weekly Contribution	\$2.70 Employee Only \$5.39 Employee +	e Only \$5.39 Employee + One Dependent \$5.76 En		ee + Child(ren) \$	9.21 Employee + Family	
	Your Coverage wi	th Out-of-Network	Providers	i de la companya de l		
Visit vsp.com for deta	ls, if you plan to see a provider other than a VSP n	etwork provider.				
Frame				Lined Trifocal Lenses \$65 Contacts \$105		
	E	xtra Savings				
Glasses and Sunglas	ses itional plasses and sunplasses, including lens enha			hin 12 months of usual		

• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your eye exam

Laser Vision Correction

· Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities

Coverage with participating retail chains 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. vsp.com | 800.877.7195

1. Brand/promotions subject to change.