

VSP Website



VSP vision care is your vision provider. Wayne County's vision plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. **To begin using the VSP member website, you will need to create an online account. It's quick and easy!** Once you have an account, you'll be able to:

- ☐ Find a Doctor
- ☐ Benefit information including plan members, claim status, and benefit history
- ☐ Special Offers
- ☐ Eyewear and Wellness tips
- ☐ Shop contacts, eyewear, etc.

Using Your VSP Plan Is Easy!



Locate An In-Network Provider

From your VSP member website, choose Find a Doctor to find nearby VSP in-network doctors and VSP Premier Edge locations. You'll have access to preferred private practice, retail, and online in-network choices.



Schedule An Appointment

Mention that you are a VSP member when you schedule and when you arrive for your appointment. They may locate you and verify your plan using your social security number.



The Provider's Staff Will Do The Rest!

You will only pay for applicable copays, as well as any amounts over the allowances offered by your plan. Your provider will supply you with these amounts.

Using A Non-Network Provider?

The most up to date information regarding VSP's policy to submit an Out-of-Network Claim can be found online at <https://www.vsp.com/claims/submit-oon-claim>. Click "Start a New Claim" button at the bottom of the webpage.

If you've received eye care services (exam, contacts, or glasses) from an out-of-network provider, you may be able to submit a claim to request partial reimbursement. Your benefits will always go further when you select an in-network doctor. However, if you'd like to submit an out-of-network claim, be sure to answer all the questions and attach any itemized receipts related to your claim.

To submit a claim request, you'll need the following:

1. Please attach a readable copy of itemized receipts, invoices, or statements that contain all of the following information:
 - Name of provider (ex. doctor, office, website, or retailer)
 - Name of patient
 - Date service was received (ex. date of exam or date glasses were ordered)
 - Complete description and amount paid for each service

2. After completing the claim form, you may upload your receipt(s) OR print and mail copies of your claim form and receipt(s) to:

Vision Service Plan
Attention: Claims Services
P.O. Box 495918
Cincinnati, OH 45249-5918

Tip: If you are submitting for materials (contacts, lens, or frame) only, you will not need to input your doctor's information. You will need the information of the location from which your materials were purchased. Missing information and receipts can delay your reimbursement. Fill out the form completely and if you're filling it out online, snap a legible picture of your receipt and attach it to your claim to get your reimbursement faster. If you have receipts for other services you must complete a separate claim form.

You typically have 12 months from the date of service to submit for reimbursement. Failure to submit your out-of-network claim within 12 months of the date of service may cause your claim request to be denied. Please allow up to 20 business days (plus mailing time to and from VSP) for us to process your reimbursement.

Questions? View Claims & Reimbursement FAQs online at: <https://www.vsp.com/faqs/claims-reimbursement>.

Once you've completed the out-of-network claim form, you can check your claim status on the Benefits History page on your account dashboard.

Please Remember:

**This is for a non-network provider only;
You will not file claims if you use an in-network provider.**

Coverage At A Glance

Vision Plan Design

[illegible]

TYPE OF SERVICE	In-Network Member Cost	Out-of-Network Reimbursement
Contact Lenses <i>Every year allowance; choose between this and glasses' lens</i> <i>Allowance covers materials only;</i> <i>Allowance must be used all at once, one submission per year</i> Conventional (Gas Permeable)	\$0 Copay; \$130 Allowance	\$105
Disposables (Soft)	\$0 Copay; \$130 Allowance;	\$105
Medically Necessary	\$0 Copay; Paid In Full	\$210
VSP Lightcare <i>Every other calendar year, instead of prescription glasses or contacts</i> Ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses.	\$15 copay \$130 allowance	n/a
Laser Vision Correction <i>Discounts available at contracted facilities</i>	15% Off Retail <u>or</u> 5% Off Promotional Price	n/a
Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on Featured Frame Brands. Go to vsp.com/offers for details. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam 		n/a
Digital Hearing Aids <ul style="list-style-type: none"> • Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. (Check your medical insurance benefits first.) 		n/a
Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		n/a

***Standard/Premium progressive lenses which are out of network are not covered; fund as a bifocal lens*

Essential Medical Eye Care

Additional visits are available as needed.

- ☐ Retinal imaging for members with diabetes covered-in-full
- ☐ Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- ☐ Coordination with your medical coverage may apply. Ask your VSP network doctor for details.



Limitations

- ☐ Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; any eye or vision examination or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear; services provided as a result of any Workers' Compensation law or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; certain brand name vision materials in which the manufacturer imposes a no-discount policy; or services rendered after the date an insured person ceases to be covered under the policy, except when Vision Materials ordered before coverage ended are delivered and the services rendered to the insured person are within 31 days from the date of such order.
- ☐ Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available.
- ☐ Benefits may not be combined with any discount, promotional offering or other group benefit plans. Standard/Premium Progressive Lens not covered – fund as a Bifocal Lens. Standard Progressive Lens covered – fund Premium Progressive as a Standard.

Updated 1/1/2024

Additional Services and Savings



VSP offers additional services to employees. While these may include medical, prescription, and/or dental, it is always best to refer to the Wayne County Health Plan first.

If you have any questions, please call Barb Winey, HR Director, at 330-287-5409.

Enjoy Savings Beyond Your Vision Benefits!

vsp exclusive
-member extras



Take advantage of Exclusive Member Extras for you and the whole family! Get access to more than \$3,000 in savings from VSP® and other popular brands. Offers shown below are available at all VSP network doctor locations or participating partner locations.

Click on the offers below to learn how to save on everyday products and services **that go beyond vision care** and help make your life healthier and easier.

Glasses and Sunglasses

Extra
\$20
to Spend

Get an **Extra \$20** to spend on Featured Frame Brands.¹²

Extra
\$40
to Spend

Get an **Extra \$40** to spend on select Featured Frame Brands.¹²

Up to
40% Off
Lens Enhancements

Save up to 40% off popular lens enhancements.²⁴

eyeconic
a vsp vision company

Shop and save online for glasses, sunglasses, and contacts with your VSP benefits.

enchroma.
IMPROVE YOUR COLOUR FILM FILTER™

Get up to 20% off popular EnChroma collections.

HOYA

Get 6-month satisfaction guaranteed protection on HOYA lenses.



Save 20% on additional pairs of Nike glasses and sunglasses.

sunsync

Save up to 40% on SunSync® Light-Reactive Lenses.²²

techshield

Save up to 40% on all TechShield® Anti-Reflective Coatings.²²

unity

Try Unity® lenses worry-free for six months with The Unity Promise.



Try ZEISS Lenses risk-free for six months.

vsp
PREMIER
edge

Maximize your savings with VSP Premier Edge™. Offers only available at Premier Edge locations.

BAUCH & LOHR
Free delivery. Low prices.

Save up to \$310 on an annual supply of contact lenses.

BAILEY & LUND
Biotrue
ONEDay lenses

Get a free 30-day supply of Biotrue ONEDay contact lenses and an exclusive up to \$210 rebate.

HOYA

Get 12-month satisfaction guaranteed protection on HOYA lenses.

Premier Edge Promise

Get a worry-free eyewear guarantee with triple protection.⁴

unity

Try Unity lenses worry-free with The Unity Promise for 12 months.



Try ZEISS Lenses risk-free for 12 months.

Improve Your Health and Increase Your Savings

vsp exclusive
member extras

As a member, you can save on everyday products and services that fit your needs beyond vision care—like discounts on fitness, nutrition, prescription drugs, and access to diabetes resources.

Contacts

BAUSCH + LOMB
See better. Live better.

Save up to \$300 on an annual supply of contact lenses.

Health and Wellness

Diabetes
Management Support

Save on testing supplies and find resources to help prevent or manage Diabetes.

optomap

Get not-to-exceed \$39 special pricing on optomap images.³

LASIK⁴

LasikPlus⁵

Save up to \$1,100 off LASIK.

LASIK Vision
OUTLOOK

Save up to \$1,100 off LASIK.

NVISION
EYE CENTERS

Save up to \$1,200 off all custom LASIK and PRK.

TLC
Laser Eye Centers⁶

Save up to \$1,100 off LASIK.

Hearing Health

TruHearing

Save up to 60% on prescription and over-the-counter hearing aids, get deals on batteries, and access a free online hearing screening.⁸

Leisure and Lifestyle

vsp simple
values

Access a variety of savings on fitness, prescription drugs, entertainment, travel, cash rewards, and more.⁷

Home and Financial Well-Being

CareCredit

Get instant, in-office promotional financing offers for eye care and eyewear.

everplans

Organize, securely store, and assign access to important documents like wills, passwords, and more. All for just \$27 a year.

smartcredit

Get smart about your credit, money, and privacy with SmartCredit, helping you meet your financial goals for just \$8.95 a month.

See how your savings can add up at vsp.com/offers.

Offers subject to change without notice. Some members may not be eligible for all offers. Members who participate in a Medicaid/state-funded plan are not eligible for the above offer. Visit vsp.com/offers for terms and conditions on specific offers.

1. Brands and promotions are subject to change. 2. Available to VSP members with applicable plan benefits. Check your benefits to see if this offer applies. 3. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 4. Restrictions may apply; visit vsp.com/offer/vsp-member-edg-o-for-vsp-laser-and-visioncare/premier-edg-o for details for terms and conditions. 5. Not all locations are on the VSP Laser VisionCare Network. Please call VSP Member Services at 800.873.7988 to confirm the location you're interested in visiting is in-network. 6. VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representation, or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information please visit vsp.com/offers/special-offers/health-gold/gold-truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California. 7. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public

Save Now on Health, Wellness, Lifestyle Products, and Services



Enjoy VSP® Simple Values—an exclusive member extra that gives you and your family access to valuable discounts and everyday savings.

vsp simple
values

Health and Wellness:

- Fitness—discounts on nationwide gym memberships, virtual coaching and workouts, and personal fitness equipment
- Nutrition—access to weight loss programs and nutrition and planning services
- Prescription drugs—**save up to 85%**
Accepted at CVS pharmacy, COSTCO Wholesale, Walmart, Target, Walgreens, and others
- Doctor visits—**save up to 25%**
Includes 24/7 doctor access via phone or video visit
- Dental—**save up to 50%**
- Lab work, MRI, and Imaging—**save up to 60%**
- Hearing—**save up to 60%**
- Diabetic care services and supplies—**save up to 75%**
- Pet care—access to veterinary experts **24/7**

**Exclusive
Member
Extras**

Family Fun:

- Live entertainment, movie tickets, and theme park passes—**save up to 40%**
- Travel and hotels—**save up to 60%**

Everyday Savings:

- Retail rewards—**cash back**

**Find the savings available to you. Visit vsp.com/simplevalues
and sign up to download your card today!**

THESE DISCOUNT OFFERINGS ARE NOT INSURANCE, and are not intended to replace insurance. These discount offerings, powered by Competitive Health, Inc., are made by third parties, and are not made by VSP. These offerings are not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. The third-party discount offers may provide discounts on certain services or products. The range of discounts and the range of services and products to which they may apply may vary. VSP shall have no liability whatsoever for the services or products or the discounts that may be offered by third parties. These third-party offers are void where prohibited. The discount medical plan organization is AccessOne Consumer Health, Inc., 84 Villa Rd., Greenville, SC 29615, accessonehealth.com.

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Classification: Public

TruHearing Hearing Aid Discount Program

vsp exclusive member extras

VSP® Vision Care members can save up to 60% on the latest brand-name prescription and over-the-counter hearing aids. Dependents and even extended family members are eligible for exclusive savings too.

TruHearing
truhearing.com/vsp

Hearing loss is growing in the workplace

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, 38 million Americans need hearing aids, 70% of the people with hearing loss don't treat it, and only 30% seek treatment.¹ And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

*Ninety-six percent of customers surveyed would recommend TruHearing to their friends and family.**

More than just great pricing

TruHearing also provides members with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- A 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid on all non-rechargeable aids

Plus, members get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Straightforward, nationally fixed pricing on a wide selection of the latest brand-name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if your organization already offers a hearing aid allowance, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!

Over-the-counter hearing aids are also available through phone or online orders.²

Here's how it works:

Contact TruHearing.

Members and their family call **877.396.7194** and mention VSP.

Schedule exam.

TruHearing will answer questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at
truhearing.com/vsp or call 877.396.7194 with questions.**

1. Kochkin S. MarkeTrak VII: The key influencing factors in hearing aid purchase intent. Hearing Review. 2012; 16(3):12-25. "Quantifying the Obvious: The Impact of Hearing Instruments on Quality of Life." The Hearing Review. Kochkin and Rogin. Jan 2000. 2. Based on a 2018 satisfaction study of VSP members. 3. Over-the-counter hearing aids are different from prescription hearing aids.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public

Forms



**The following pages contain
forms that may be useful!**

Please photocopy all forms, keeping the original in your binder so you can continue to use them.

VSP Member Reimbursement Form



To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
PO Box 385018
Birmingham, AL 35238-0518

Ref # _____

Member Information

Policyholder/Employee ID or Last 4 Digits of SSN

_____/_____/_____
Date of Birth

First Name

Last Name

Address

Apt

City

State

Zip

(_____)_____-_____
Daytime Phone #

Employer/
Group

Patient Information

First Name

Last Name

Member ☐ Spouse ☐ Child ☐ Domestic Partner ☐

_____/_____/_____
Date of Birth

If the patient is a child over the age of 18:

Is the child a full-time student? Yes ☐ No ☐ Is the child disabled? Yes ☐ No ☐

Claim Information (Dollar amounts must match the attached receipts)

Exam \$ _____ . _____
Frame \$ _____ . _____
Lens \$ _____ . _____
Lens tints \$ _____ . _____
or coatings
Contacts \$ _____ . _____
Total Paid \$ _____ . _____
(Do not add tax or shipping)

Lens Type: (Choose One)

Single ☐ Progressive ☐

Bi-focal ☐ Lenticular ☐

Tri-focal ☐ Contacts ☐

Date services were received

_____/_____/_____
Date

Check here if another insurance company has made payment to you, another insurer or the doctor's office. ☐

If so, attach a copy of the statement showing payment.

Provider Information

Store or Dr Name

(_____)_____-_____
Store or Dr Phone Number

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

Claimant Signature: _____

Date: ____/____/____

FRAUD WARNINGS

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly presents false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.