

# VISION BENEFIT PROPOSAL

CUSTOMIZED FOR Village of Oak Park



## EYE CARE WITH A BIGGER FOCUS

Your well-being is at the heart of everything we do. Like harnessing the power of eye exams to detect signs of health conditions before they become more serious. That's why it's no surprise more than 81 million people in the U.S. choose VSP® Vision Care for their eye care and eyewear. For over 65 years, we've put people before profit—pushing the limits on what's possible to help everyone see well and be well.

### #1 IN ACCESS TO QUALITY CARE\*

Choice of an independent doctor or popular retail chain, including Visionworks®, Walmart, and more.

### #1 IN SELECTION OF EYEWEAR\*

The latest styles at the lowest out-of-pocket cost\* in-store or online at [eyeconic.com](http://eyeconic.com)®.

### #1 IN MEMBER SATISFACTION\*

A no-hassle benefit that members enroll in and use more than any other vision plan.\*

## VSP CHOICE PLAN®: CUSTOMIZED BENEFIT OPTIONS AND MONTHLY RATES

OPTION 1 Employer Pays 0-24% of Premium for Employees and Dependents 51+ Employees Enrolled   10% Commission			
FREQUENCY	COPAYS AND ALLOWANCES	ENHANCEMENTS AND SUPPLEMENTAL BENEFITS	MONTHLY RATES
Exam every 12 months	\$10 Exam Copay	Scratch-Resistant Coating	Employee Only \$11.29
Lenses every 12 months	\$25 Frame/Lens Copay	Premium Progressive Lenses	Employee + One \$18.07
Frame every 24 months	\$150 Frame Allowance	Photochromic Lenses, Tints, and Dyes	Employee + Children \$18.45
Contact Lenses every 12 months (Instead of lenses and frame)	\$150 Contact Lens Allowance		Employee + Family \$29.74

  

OPTION 2 Employer Pays 0-24% of Premium for Employees and Dependents 51+ Employees Enrolled   10% Commission			
FREQUENCY	COPAYS AND ALLOWANCES	ENHANCEMENTS AND SUPPLEMENTAL BENEFITS	MONTHLY RATES
Exam every 12 months	\$10 Exam Copay		Employee Only \$7.01
Lenses every 12 months	\$25 Frame/Lens Copay		Employee + One \$11.21
Frame every 24 months	\$130 Frame Allowance		Employee + Children \$11.44
Contact Lenses every 12 months (Instead of lenses and frame)	\$130 Contact Lens Allowance		Employee + Family \$18.45

The Commercial Business rates quoted above for the VSP Choice Plan are valid based on: **i.** an effective date of January 1, 2025 for a client headquartered in Illinois, **ii.** 24-month rate guarantee and contract term, and **iii.** the agreement that VSP will receive these amounts over the full plan term. Rates include all applicable taxes and health assessment fees known on the date of this proposal and exclude platform participation and associated fees. Individual experience is not available for pooled groups.