

Vision Insurance Plan

All eligible, regular full-time employees have access to a vision plan through Vision Service Plan (VSP) and the VSP Signature network of providers.

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Cost of the Plan

The University pays the full premium for regular employees' coverage (FTE .50 and above). This is subject to change each year, based on renewal of program contracts. The employee rate (as paid by the University) is noted below.

Employees who elect spouse and/or children coverage pay for the entire cost of their dependents' premiums by payroll deduction. All vision insurance premiums deducted from employee earnings are taken on a pretax basis.

Shown below are the monthly premium costs beginning **January 1, 2019** through **December 31, 2019**.

Coverage	Monthly Cost
Employee Only	\$0 (SPU pays 100% of the employee portion of the premium)
Employee + Spouse	\$10
Employee + Child(ren)	\$12
Employee + Family	\$24

Your copay for an exam is \$25 - after which it is covered in full every 12 months. You will have a \$250 hardware benefit to apply to your lenses and frame or contact lenses every 12 months.

Extra discounts include 20% off any out-of-pocket costs on your choice of frame, discounts on laser vision correction surgery, and additional savings on lens options such as scratch-resistant and anti-reflective coatings and progressives.

Plan Summary of Coverage

	Description of Coverage with a VSP Doctor	Co-pay with a VSP Doctor
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$25
Prescription Glasses		
Limited to one frame & pair of glasses	<ul style="list-style-type: none"> • 20% off a complete pair of prescription glasses and 15% off the contact lens exam • Plus a total \$250 allowance for frame, lenses, lens options or contacts • Every 12 months 	\$0
Lenses	<ul style="list-style-type: none"> • 20% off a complete pair of prescription glasses and 15% off the contact lens exam • Plus a total \$250 allowance for frame, lenses, lens options or contacts • Every 12 months 	\$0

Lens Options	<ul style="list-style-type: none"> • 20% off a complete pair of prescription glasses and 15% off the contact lens exam • Plus a total \$250 allowance for frame, lenses, lens options or contacts 	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$250 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	\$0
Extra Savings and Discounts	<i>Glasses and Sunglasses</i> <ul style="list-style-type: none"> • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. 	
	<i>Laser Vision Correction</i> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

Plan Documents

- [Vision Summary Highlights](#)
- [Vision Certificate of Coverage](#)

Forms

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

1. Copies of the itemized receipts or statements that include:
 - a. Doctor name or office name
 - b. Name of Patient
 - c. Date of Service
 - d. Each service received and the amount paid
2. 5 to 10 minutes to complete the online claim form at www.vsp.com. Once you log in, go to the "Benefits & Claims" page and select "Claims & Reimbursements" and click on the "Start New Claim" button to begin.
3. After completing the online claim form, you may attach 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 385018
 Birmingham, AL 35238-5018

Please Note: If you received services and/or products from different out-of-network providers, you must complete claim forms for each location. 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 10 business days (plus mailing time to and from VSP) for us to process your reimbursement.

VSP Contact Information

- Customer Service: (800) 877-7195
- No benefit card necessary! Just use your 9-digit SPU Identification number.
- [Check benefit eligibility, search for a provider, make the most out of your plan.](#) First time users will need to register an account before logging in using their **SPU Identification number**.
 - To avoid a situation where you are billed at an out-of-network provider rate for a provider who has a limited relationship with VSP (for example, they submit the billing to VSP but are not in-network), we recommend that you verify that your provider is inside our network prior to service by using the link immediately above or by contacting the VSP Customer Service number above.