



New Vision Care Plans

Member focused. Colorado based. Healthy Plans for Employer Groups

For more than 35 years, Rocky Mountain Health Plans has taken the initiative to improve the lives of our Members and the health of our communities. We are a financially strong and stable not-for-profit organization that provides innovative health plans and excellent customer service.

You decide which plan fits your employees' needs.

Rocky Mountain Health Plans is pleased to introduce three new VSP® Vision Care plans. With personalized care, a large doctor network, great coverage and extra discounts and savings, we're confident you will like what you see.

Rocky Mountain Health Plans and VSP offer the following benefits (two or more employees must enroll to offer vision coverage):

Personalized Care — Doctors take the time to get to know each Member. They look for vision problems and signs of other health conditions too.

Large Network — It is easy to find the right eye care Choice provider at vsp.com or by calling 800-877-7195. Our plans include experienced VSP eye doctors in a variety of locations who offer flexible hours.

Value and Savings — Benefit packages include low \$10 copay for annual eye exams and a \$25 copay for lenses/frame. Members also receive a \$130 allowance for the purchase of frames or contact lenses. Significant discounts are available for laser vision correction, additional pairs of prescription and non-prescription sunglasses, and other services and materials.

Satisfaction Guaranteed — You'll be happy or we'll make it right.



ROCKY MOUNTAIN
HEALTH PLANS®

We understand Colorado. We understand you.

Don't miss this opportunity to offer comprehensive vision benefits.
Participation is voluntary.

Vision Care Rates

	Employee Only	Employee+ Spouse	Employee+ Child	Employee+ Family
Basic Choice	\$4.30	\$9.03	\$8.17	\$12.90
Standard Choice	\$5.20	\$10.92	\$9.88	\$15.60
Premier Choice	\$6.41	\$13.46	\$12.18	\$19.23



VSP is a registered trademark of Vision Service Plan.

MK567R0811p

Vision Care Plans

Plan Features	Basic Choice	Standard Choice	Premier Choice																																				
Frequencies (Exam/Lenses/Frame)	12/24/24	12/12/24	12/12/12																																				
Copayments	\$10 Exam / \$25 Glasses	\$10 Exam / \$25 Glasses	\$10 Exam / \$25 Glasses																																				
Exam	Covered in full (less copay)	Covered in full (less copay)	Covered in full (less copay)																																				
Lenses	<ul style="list-style-type: none"> Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full¹ 	<ul style="list-style-type: none"> Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full¹ 	<ul style="list-style-type: none"> Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full¹ 																																				
Lens Options	<ul style="list-style-type: none"> Guaranteed pricing on the most popular lens options, saving our members an average of 20-25%² Dependent children are eligible for covered in full polycarbonate prescription lenses 	<ul style="list-style-type: none"> Guaranteed pricing on the most popular lens options, saving our members an average of 20-25%² Dependent children are eligible for covered in full polycarbonate prescription lenses 	<ul style="list-style-type: none"> Guaranteed pricing on the most popular lens options, saving our members an average of 20-25%² Dependent children are eligible for covered in full polycarbonate prescription lenses 																																				
Frame	<ul style="list-style-type: none"> \$130 frame allowance¹ 20% discount on overage 	<ul style="list-style-type: none"> \$130 frame allowance¹ 20% discount on overage 	<ul style="list-style-type: none"> \$130 frame allowance¹ 20% discount on overage 																																				
Contact Lenses	<ul style="list-style-type: none"> \$130 allowance every 24 months toward contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam 	<ul style="list-style-type: none"> \$130 allowance every 12 months toward contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam 	<ul style="list-style-type: none"> \$130 allowance every 12 months toward contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam 																																				
Discounts	<ul style="list-style-type: none"> 15-20% off (average) laser vision correction 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses 	<ul style="list-style-type: none"> 15-20% off (average) laser vision correction 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses 	<ul style="list-style-type: none"> 15-20% off (average) laser vision correction 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses 																																				
Out-of-Network	<table border="0"> <tr><td>Exam</td><td>\$45</td></tr> <tr><td>Single Vision</td><td>\$30</td></tr> <tr><td>Bifocals</td><td>\$50</td></tr> <tr><td>Trifocals</td><td>\$65</td></tr> <tr><td>Frame</td><td>\$70</td></tr> <tr><td>Elective Contacts</td><td>\$105</td></tr> </table>	Exam	\$45	Single Vision	\$30	Bifocals	\$50	Trifocals	\$65	Frame	\$70	Elective Contacts	\$105	<table border="0"> <tr><td>Exam</td><td>\$45</td></tr> <tr><td>Single Vision</td><td>\$30</td></tr> <tr><td>Bifocals</td><td>\$50</td></tr> <tr><td>Trifocals</td><td>\$65</td></tr> <tr><td>Frame</td><td>\$70</td></tr> <tr><td>Elective Contacts</td><td>\$105</td></tr> </table>	Exam	\$45	Single Vision	\$30	Bifocals	\$50	Trifocals	\$65	Frame	\$70	Elective Contacts	\$105	<table border="0"> <tr><td>Exam</td><td>\$45</td></tr> <tr><td>Single Vision</td><td>\$30</td></tr> <tr><td>Bifocals</td><td>\$50</td></tr> <tr><td>Trifocals</td><td>\$65</td></tr> <tr><td>Frame</td><td>\$70</td></tr> <tr><td>Elective Contacts</td><td>\$105</td></tr> </table>	Exam	\$45	Single Vision	\$30	Bifocals	\$50	Trifocals	\$65	Frame	\$70	Elective Contacts	\$105
Exam	\$45																																						
Single Vision	\$30																																						
Bifocals	\$50																																						
Trifocals	\$65																																						
Frame	\$70																																						
Elective Contacts	\$105																																						
Exam	\$45																																						
Single Vision	\$30																																						
Bifocals	\$50																																						
Trifocals	\$65																																						
Frame	\$70																																						
Elective Contacts	\$105																																						
Exam	\$45																																						
Single Vision	\$30																																						
Bifocals	\$50																																						
Trifocals	\$65																																						
Frame	\$70																																						
Elective Contacts	\$105																																						

Laser Vision Correction Discounts

VSP has arranged for members to receive PRK, LASIK and Custom LASIK at a discounted fee, which could add up to hundreds of dollars in savings. Discounts vary by location, but will average 15 percent off of the contracted laser center's usual and customary price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5 percent off of the promotional price.

¹Services provided by a VSP Choice provider less any applicable copay.

²Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options available at 20% discount.