New York State Police Investigators Association

2027

OPEN ENROLLMENT

RETIREE VISION PROGRAM

through **December 03, 2026**

12-MONTH PLAN

Participation in the NYSPIA Retiree Vision Plan is an annual election on January 1st of each year. You will have the opportunity to change your election or cancel coverage only on January 1st of each year. Once your election is made, you will be insured for 12 months.

Get the best in eyecare and eyewear with the NYSPIA RETIREE VISION PROGRAM and VSP® Vision Care.

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.

- **High Quality Vision Care.** You'll get the best care from a VSP provider including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions.
- **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.

TYPICAL COST COMPARISON

	Without VSP Coverage	With VSP Coverage
Eye Exam	$164	$0 Copay
Frame	$150	$50 Copay
Single Vision Lenses	$90	
Photochromic Adaptive Lenses	$106	$70
Anti-reflective Coating	$111	$69
Member only Annual Premium	N/A	$86
Total	**$621**	**$275**

Comparison based on New York's average for comprehensive eye exams and most commonly purchased brands.

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider:
$346

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare 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 online at:
nyspiaenroll.com



Your VSP Vision Benefits Summary

NYSPIA RETIREE VISION PROGRAM and VSP provide you with an affordable eyecare plan. **Enroll Through:** 12/03/2026 | **VSP Coverage Effective Date:** 01/01/2027 | **Group Plan** #430733

YOUR MONTHLY PENSION PREMIUM

Member Only - $7.20 | **Member + Spouse - $14.08**
Member + Children - $11.44 | **Member + Spouse & Children - $18.32**
Dependent children covered to age 26 | VSP Provider Network: VSP Choice

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$0	Every calendar year
Prescription Glasses		**$50**	**See frame and lenses**
Frame	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancement	$55 $95 - $105 $150 - $175	Every calendar year
Contacts (instead of glasses)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Extra Savings	**Glasses & Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a Wellvision Exam. **Laser Vision Correction** • Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.		

Enroll in VSP by December 3, 2026 for a January 1, 2027 effective date.
You'll be glad you did. Questions? 888.869.8252

[1]Brand/Promotion subject to change.

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Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam ..... up to $45
Frame ..... up to $70
Contacts .....up to $120

Single Vision Lenses ..... up to $30
Lined Bifocal Lenses ..... up to $50

Lined Trifocal Lenses ..... up to $65
Progressive Lenses ..... up to $50

Coverage with a 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.



N.Y.S.P.I.A

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For Questions Please Call
NORVEST Financial Services, Inc.
1-888-869-8252 | www.norvest.net