

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM VEOLIA NORTH AMERICA - GUM SPRINGS AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021

Contact us:

800.877.7195 or vsp.com

| BENEFIT | DESCRIPTION | COPAY |
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| YOUR COVERAGE WITH A VSP PROVIDER | | |
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$0 |
| PRESCRIPTION GLASSES | | |
| FRAME | <ul style="list-style-type: none"> \$100 allowance for a wide selection of frames \$120 allowance for featured frame brands 20% savings on the amount over your allowance \$55 Costco® frame allowance Every other calendar year | \$0 |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year | \$0 |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year | \$0 \$95 - \$105 \$150 - \$175 |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$105 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year | \$0 |
| DIABETIC EYECARE PLUS PROGRAMSM | <ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. As needed | \$0 \$20 per exam |
| EXTRA SAVINGS | 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 additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | |
| YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. | | |
| VSP guarantees coverage from VSP network providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. | | |