

A Look at Your VSP Vision Coverage

With VSP and AWC - Plan B \$0/\$25 Copay
2nd Pair, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways to Save

Extra

\$20

to spend on
Featured Brands[†]

bebe CALVIN KLEIN

COLE HAAN DRAGON

FLEXON LACOSTE

and more

See all brands and offers
at vsp.com/offers.



Up to

40%

Savings on
lens enhancements[‡]

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary

AWC - Plan B \$0/\$25 Copay 2nd Pair and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2023



| BENEFIT | DESCRIPTION | COPAY | FREQUENCY | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------|----------------|-------------|----------------------------|------------|----------------|-------------|-------------|------------|-----------------------------|------------|-------------|-----------|----------------------------|------------|--------------------------|------------|--|--|
| Your Coverage with a VSP Provider | | | | | | | | | | | | | | | | | | | | | |
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$0 | Every 12 months | | | | | | | | | | | | | | | | | | |
| PRESCRIPTION GLASSES | | \$25 | See frame and lenses | | | | | | | | | | | | | | | | | | |
| FRAME* | <ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$120 Walmart®/Sam's Club®/Costco® frame allowance | Included in Prescription Glasses | Every 24 months | | | | | | | | | | | | | | | | | | |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every 12 months | | | | | | | | | | | | | | | | | | |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating Polarized lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements | \$0 \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175 | Every 12 months | | | | | | | | | | | | | | | | | | |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) | \$0 | Every 12 months | | | | | | | | | | | | | | | | | | |
| ADDITIONAL PAIRS OF EYEWEAR | | | | | | | | | | | | | | | | | | | | | |
| FRAME* | <ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$120 Walmart/Sam's Club/Costco frame allowance | \$20 for frame and lenses | Every 24 months | | | | | | | | | | | | | | | | | | |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Combined with Frame | Every 12 months | | | | | | | | | | | | | | | | | | |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$200 allowance for additional contacts | \$0 | Every 12 months | | | | | | | | | | | | | | | | | | |
| EXTRA SAVINGS | <p>Glasses and Sunglasses</p> <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. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | | | | | | | | | | | | | | | | | | | |
| YOUR COVERAGE GOES FURTHER IN-NETWORK | | | | | | | | | | | | | | | | | | | | | |
| <p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:</p> <table> <tbody> <tr> <td>Exam</td> <td>up to \$71</td> <td>Lined Bifocal Lenses</td> <td>up to \$50</td> <td>Contacts</td> <td>up to \$135</td> </tr> <tr> <td>Frame</td> <td>up to \$77</td> <td>Lined Trifocal Lenses</td> <td>up to \$65</td> <td>Tints</td> <td>up to \$5</td> </tr> <tr> <td>Single Vision Lenses</td> <td>up to \$31</td> <td>Progressive Lenses</td> <td>up to \$50</td> <td></td> <td></td> </tr> </tbody> </table> | | | | Exam | up to \$71 | Lined Bifocal Lenses | up to \$50 | Contacts | up to \$135 | Frame | up to \$77 | Lined Trifocal Lenses | up to \$65 | Tints | up to \$5 | Single Vision Lenses | up to \$31 | Progressive Lenses | up to \$50 | | |
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| Single Vision Lenses | up to \$31 | Progressive Lenses | up to \$50 | | | | | | | | | | | | | | | | | | |

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

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Classification: Restricted