

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PRIME HEALTHCARE AND VSP.



Enroll in VSP® Vision Care to 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.

PREMIER The decision is yours to make- with a large national network of private-practice doctors, plus retail chains, it's easy to find the in-network doctor who's right for you. Plus, maximize your coverage with bonus offers and

additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

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.

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.



FEATURED FRAME BRANDS*

bebe CALVINKLEIN COLE HAAN FLEXON LACOSTE ≤

SEE MORE BRANDS AT VSP.COM/OFFERS.

ENHANCEMENTS



YOUR VSP VISION BENEFITS SUMMARY

Prime Healthcare and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice



Choice Plan B- Basic

Choice Plan C- Premium

Benefit	Description	Copay	Benefit	Description	Copay
	Coverage with a VSP Provider		Coverage with a VSP Provider		
WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$20	WellVision Exam	Focuses on your eyes and overall wellness Every calendar year	\$10
Prescription Glasses		\$20	Prescription Glasses		\$20
Frame	\$170 allowance for a wide selection of frames \$190 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Walmart*/Costco* frame allowance Every other calendar year	Included in Prescription Glasses	Frame	\$180 allowance for a wide selection of frames \$200 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Walmart*/Costco* frame allowance Every calendar year	Included in Prescription Glasses
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses	Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year	Included in Prescription Glasses
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175	Lens Enhancements	Scratch-resistant coating Anti-reflective coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every calendar year	\$0 \$30 \$0 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year Services related to diabetic eye disease.	Up to \$60			
			Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60
Diabetic Eyecare Plus Program	glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed	\$20	Diabetic Eyecare Plus Program	Every calendar year Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed	\$20

Glasses and 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 within 12 months of your last WellVision Exam.

Extra Savings

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

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.

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for 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.

^{*}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.