

## A LOOK AT YOUR VSP VISION COVERAGE



### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM EXCHANGES INSURANCE TRUST - PLAN C 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Visionworks

#### USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](https://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.

#### 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.

### GET YOUR PERFECT PAIR

**EXTRA \$20** +  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

**YOUR VSP VISION BENEFITS SUMMARY**  
EXCHANGES INSURANCE TRUST - PLAN C and VSP  
provide you with an affordable vision plan.

**PROVIDER NETWORK:**

VSP Choice

**EFFECTIVE DATE:**

01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$220 featured frame brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart®/Sam's Club® frame allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Impact-resistant lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$180 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$25	Every calendar year
<b>PROTEC SAFETY® (EMPLOYEE-ONLY COVERAGE)</b>			
<b>FRAME</b>	<ul style="list-style-type: none"> <li>Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> </ul>	\$10 for frame and lenses	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Prescription single vision, lined bifocal, and lined trifocal</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> </ul>	Combined with Frame	Every calendar year
<b>ADDITIONAL COVERAGE</b>	<ul style="list-style-type: none"> <li>Diabetic Eyecare Plus</li> </ul>		
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

**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. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

\*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.

Classification: Restricted

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