

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM EUTF 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.

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.

PREMIER
PROGRAM

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®. This comprehensive 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.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%

TO SPEND ON
FEATURED FRAME BRANDS*

SAVINGS ON LENS
ENHANCEMENTS

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LACOSTE



NINE WEST

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



Enroll today.

Contact us: **866.240.8420** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

VSP provides Active EUTF & HSTA VB with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2022



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	\$10	Every plan year*
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none">\$170 featured frame brands allowance\$150 frame allowance20% savings on the amount over your allowance	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children up to age 18	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesUV protectionPremium progressive lensesCustom progressive lensesAverage savings of 40% on other lens enhancements	\$0 \$0 \$80 - \$90 \$120 - \$160	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$130 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every plan year
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.30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% 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 facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
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.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$65
Frame	up to \$47	Lined Trifocal Lenses	up to \$85
Single Vision Lenses	up to \$45	Progressive Lenses	up to \$85
		Contacts	up to \$105
Coverage with a retail chain may be different or not apply. Log in to 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.			
*Plan year begins in July			

*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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