# A LOOK AT YOUR VSP VISION COVERAGE



# SEE HEALTHY AND LIVE HAPPY WITH HELP FROM TW VENTURES INC. AND VSP.

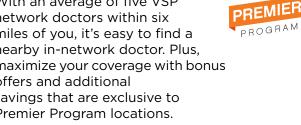
As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

### 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®. 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.

# PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

08/01/2022

Contact us:

800.877.7195 or vsp.com

BENEFIT DESCRIPTION COPAY YOUR COVERAGE WITH A VSP PROVIDER • Focuses on your eyes and overall WELLVISION \$20 wellness EXAM • Every 12 months · Retinal screening for members with \$0 per screening diabetes Additional exams and services \$20 per exam beyond routine care to treat immediate issues from pink eye to **ESSENTIAL** sudden changes in vision or to **MEDICAL EYE** monitor ongoing conditions such CARE as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. · Available as needed PRESCRIPTION GLASSES · \$195 featured frame brands allowance • \$175 frame allowance **FRAME** \$0 · 20% savings on the amount over your allowance Every 24 months · Single vision, lined bifocal, and lined trifocal lenses **LENSES** \$0 · Impact-resistant lenses for dependent children · Every 12 months • Standard progressive lenses \$0 Premium progressive lenses \$95 - \$105 IFNS Custom progressive lenses \$150 - \$175 **ENHANCEMENTS** • Average savings of 30% on other lens enhancements Every 12 months • \$150 allowance for contacts; copay CONTACTS does not apply (INSTEAD OF Up to \$60 · Contact lens exam (fitting and **GLASSES)** evaluation) Every 12 months **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 Routine Retinal Screening SAVINGS**  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

#### 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.

contracted facilities

| Examup to \$45 Frameup to \$70 Single Vision Lensesup to \$30 | Lined Trifocal Lensesup to \$65<br>Progressive Lensesup to \$50<br>Contactsup to \$105 |
|---|--|
| Lined Bifocal Lensesup to \$50                                | Contactsup to \$105  |

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