

# YOUR VSP VISION BENEFITS SUMMARY

## Vision Insurance - VSP 2017 Monthly Premiums

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$9.40	\$15.02	\$15.33	\$24.72

<b>Your Coverage with a VSP Network Provider</b>			
<u><b>Benefit</b></u>	<u><b>Description</b></u>	<u><b>Copay</b></u>	<u><b>Frequency</b></u>
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> <li>* \$130 allowance for a wide selectiof frames</li> <li>* \$150 allowance for featured frame brands</li> <li>* 20% savings on the amount over your allowance</li> <li>* \$70 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> <li>* Single vision, lines bifocal and lined trifocal lenses</li> <li>* Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> <li>* Standard Progressive lenses</li> <li>* Premium Progressive lenses</li> <li>* Custom Progressive lenses</li> <li>* Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>* \$130 allowance for contacts; copay does not apply</li> <li>* Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
Extra Savings	<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/special">vsp.com/special</a> offers for details.</li> <li>* 20% savings on additional glasses nd sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>* No More than \$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>		

<b>Your Coverage with Out-of-Network Providers</b>	
Visit VSP.com for details, if you plan to see a provider other than a VSP Network Provider.	
Exam	up to \$45
Frame	up to \$70
Single Vision Lenses	up to \$30
Lined Trifocal Lenses	up to \$50
Lined Bifocal Lenses	up to \$65
Progressive Lenses	up to \$50
Contacts	up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organizatin's contract with VSP, the terms of t he contract will prevail. Based on applicable laws, benefits may vary by location.