

YOUR VSP VISION BENEFITS SUMMARY

Vision Insurance - VSP 2022 Monthly Premiums

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$10.71	\$17.13	\$17.49	\$28.20

Your Coverage with a VSP Network Provider			
<u>Benefit</u>	<u>Description</u>	<u>Copay</u>	<u>Frequency</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"> * \$200 allowance for a wide selection of frames * \$220 allowance for featured frame brands * 20% savings on the amount over your allowance * \$70 Costco frame allowance * \$200 Walmart/Sam's Club frame allowance * \$110 Costco frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> * Single vision, lines bifocal and lined trifocal lenses * Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> * Standard Progressive lenses * Premium Progressive lenses * Custom Progressive lenses * Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> * \$130 allowance for contacts; copay does not apply * Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> * 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. <p>Retinal Screening</p> <ul style="list-style-type: none"> * No More than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> * 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		
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 for details. 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.

effective January 1, 2022