

# Your Vision Benefits Summary



Get access to the best in eye care and eyewear with AWC - Plan B \$0/\$10 Copay and VSP® Vision Care.

## Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider. Visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

## Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 25% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

## Plan Information

**VSP Coverage Effective Date:** 01/01/2020

**VSP Provider Network:** VSP Choice

AWC - Plan B \$0/\$10 Copay and VSP provide you with an affordable eyecare plan.

Visit [vsp.com](http://vsp.com) or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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| Benefit   | Description   | Copay  |
|---|---|--|
| <b>Your Coverage with a VSP Provider</b>  |   |  |
| <b>WellVision Exam</b>  | <ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every 12 months</li> </ul>  | \$0  |
| <b>Prescription Glasses</b>   |   |  |
|   |   | \$10   |
| <b>Frame</b>  | <ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$80 Costco® /Wal-Mart® allowance</li> <li>• Every 24 months</li> </ul>  | Included in Prescription Glasses                                 |
| <b>Lenses</b>   | <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>   | Included in Prescription Glasses                                 |
| <b>Lens Enhancements</b>  | <ul style="list-style-type: none"> <li>• Anti-reflective coating</li> <li>• Tints/Photochromic adaptive lenses</li> <li>• Scratch-resistant coating</li> <li>• Polarized lenses</li> <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> <li>• Every 12 months</li> </ul>   | \$0<br>\$0<br>\$0<br>\$0<br>\$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>Contacts (instead of glasses)</b>  | <ul style="list-style-type: none"> <li>• \$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% savings on a contact lens exam (fitting and evaluation)</li> <li>• Every 12 months</li> </ul>   | \$0  |
| <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/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP Choice Network 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 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> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> |  |
| <b>Your Coverage with Out-of-Network Providers</b>  |   |  |
| Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit <a href="http://vsp.com">vsp.com</a> for plan details.   |   |  |
| Exam ..... up to \$71 Lined Trifocal Lenses ..... up to \$65  |   |  |
| Frame ..... up to \$77 Progressive Lenses ..... up to \$50  |   |  |
| Single Vision Lenses ..... up to \$31 Contacts ..... up to \$135  |   |  |
| Lined Bifocal Lenses ..... up to \$50 Tints ..... up to \$5   |   |  |
| Coverage with a participating retail chain may be different. Once your benefit is effective, visit <a href="http://vsp.com">vsp.com</a> 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. |   |  |