# A Look at Your VSP Vision Coverage

With VSP and AZTC - Enhanced Plan, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

#### 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

#### Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where eyeconic you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. An annual 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.

# **YSD**... vision care

More Ways to Save

Extra

\$20

to spend on Featured Brands<sup>†</sup>

bebe

Calvin Klein

COLE HAAN

@DRAGON. LONGCHAMP

**FLEXON** 



See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements‡

## Your VSP Vision Benefits Summary

PROVIDER NETWORK:

**VSP** Choice



AZTC - Enhanced Plan and VSP provide you with an affordable vision plan.

BENEFIT	DESCRIPTION	COPAY	<b>FREQUENCY</b>
	Your Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	ES		
FRAME*	<ul> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	\$0	Every 12 months
LENSES	<ul><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	<b>\$</b> O	Every 12 months
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months
COMPUTER VISIONCAR	RE (EMPLOYEE-ONLY COVERAGE)		
COMPUTER VISION EXAM	Evaluates your needs related to computer use	\$10 for exam and glasses	Every 12 months
FRAME <sup>†</sup>	<ul> <li>\$110 featured frame brands allowance</li> <li>\$90 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Combined with exam	Every 12 months
LENSES	Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with exam	Every 12 months
LIGHTCARE <sup>TIT</sup>	<ul> <li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$0	Every 12 months
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

#### **COVERAGE WITH AN OUT-OF-NETWORK PROVIDER**

<sup>&</sup>lt;sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

<sup>\$</sup>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. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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