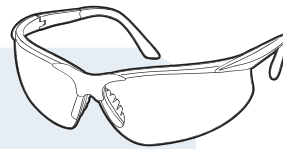


VSP

PLAN DESIGN: You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam[®] from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed—if you're not 100% happy, they will make it right.

SAFETY GLASSES *added benefit!*



With the ProTec Safety Plan, you have access to prescription safety lenses with a \$10 copay. These safety glasses are covered by VSP and subject to copay. Visit www.vsp.com to find a list of ProTec providers in your area.

VSP ONLINE: To view your vision benefits or find a doctor, go to vsp.com.

COVERAGE: Please refer to the plan matrix on page 33 for more details on coverage.



VSP VISION PLAN

YOU PAY	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
Monthly:	\$8.98	\$15.43	\$15.72	\$24.73
Weekly:	\$2.07	\$3.56	\$3.63	\$5.71



TRUHEARING MEMBER PLUS PROGRAM:

- Savings of up to 50% on hearing aids
- Yearly comprehensive hearing exams for \$75
- 3 visits with a hearing professional after purchase (fitting, programming and/or adjustments)
- Manufacturer's coverage for a one-time loss or damage for three years (replacement fee paid to manufacturer)
- 3-year repair warranty
- 48 batteries per purchased hearing aid
- VSP members may also add up to four guest members (parents, grandparents, siblings) for a VSP-exclusive rate of \$71 each. Best of all, if a member already has a hearing aid benefit from their health plan or employer, they can combine it with this program to maximize the benefit and reduce their out-of-pocket expense.

NO CARD TO CARRY

VSP makes things easy by giving you one less insurance card to worry about.

When you go to the eye doctor, let them know you have VSP. They will search you by your name and social security number.

Vision Plan

SUMMARY OF BENEFITS

YOUR COVERAGE WITH A VSP PROVIDER

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$10	See frames and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart®/Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined 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"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Primary Eyecare	As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details.	\$20	As needed

PROTEC SAFETY® (EMPLOYEE-ONLY COVERAGE)

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Frame	<ul style="list-style-type: none"> Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$10 for frame and lenses	Every 24 months
Lenses	<ul style="list-style-type: none"> Prescription single vision, lined bifocal, and lined trifocal Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	Combined with frame	Every 12 months

EXTRA SAVINGS

Glasses	<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.
Retinol Screening Enhancements	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Laser Vision Correction	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities