Enroll in VSP® Vision Care to 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.**
Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

**Shop online and connect your benefits.**
Eyeconic® is the preferred VSP online retailer where 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.

**VSP EasyOptions**
Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

More Ways to Save
**Extra $20 to spend on Featured Brands†**
bebe  CALVIN KLEIN
COLE HAAN  DRAGON
FLEXON  LACOSTE
See all brands and offers at vsp.com/offers.

**Up to 40% Savings on lens enhancements‡**

Enroll through your employer today.
Contact us: 800.877.7195 or vsp.com
## Your VSP Vision Benefits Summary

WTIA - EasyOptions Plan and VSP provide you with an affordable vision plan.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>WELLVISION EXAM</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>
| **ESSENTIAL MEDICAL EYE CARE**             | • Retinal screening for members with diabetes  
• 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.  
• Coordination with your medical coverage may apply. Ask your VSP doctor for details. | $0 per screening  
$20 per exam | Available as needed |
| **PRESCRIPTION GLASSES**                   |                                                                                                                                                                                                          |                |                    |
| **FRAME**                                  | • $200 featured frame brands allowance  
• $180 frame allowance  
• 20% savings on the amount over your allowance  
• $100 Walmart®/Sam’s Club®/Costco® frame allowance | $0            | Every 12 months    |
| **LENSES**                                 | • Single vision, lined bifocal, and lined trifocal lenses  
• Impact-resistant lenses for dependent children                                                                                                                                                     | $0            | Every 12 months    |
| **LENSES**                                 | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average savings of 30% on other lens enhancements                                                                                                                                               | $55  
$95 - $105  
$150 - $175 | Every 12 months |
| **CONTACTS (INSTEAD OF GLASSES)**          | • $180 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation)                                                                                                                                                        | Up to $60      | Every 12 months    |
| **VSP EASYOPTIONS®**                       | • You and each dependent on your plan can choose one of five enhanced eyewear options when purchasing glasses or contacts: (1) an additional $50 frame allowance, or (2) fully covered progressive lenses, or (3) fully covered light-reactive lenses, or (4) fully covered anti-glare coating, or (5) an additional $50 contact lens allowance | Included in Prescription Glasses | Every 12 months |
| **VSP LIGHTCARE™**                         | • $180 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts                                                | $0            | Every 12 months    |
| **COMPUTER VISIONCARE (EMPLOYEE-ONLY COVERAGE)** |                                                                                                                                                                                                          |                |                    |
| **COMPUTER VISION EXAM**                   | • Evaluates your needs related to computer use                                                                                                                                                         | $10 for exam and glasses | Every 12 months |
| **FRAME**                                  | • $110 featured frame brands allowance  
• $90 frame allowance  
• 20% savings on the amount over your allowance                                                                                                                                                   | Combined with exam | Every 12 months |
| **LENSES**                                 | • Single vision, lined bifocal, lined trifocal, and occupational lenses                                                                                                                                 | Combined with exam | Every 12 months |
| **Glasses and Sunglasses**                 | • 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. |                |                    |
| **Routine Retinal Screening**              | • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam                                                                                                             |                |                    |
| **Laser Vision Correction**                | • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities                                                                                   |                |                    |

**YOUR COVERAGE GOES FURTHER IN-NETWORK**

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You’ll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

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†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡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 EasyOptions plan benefit is not available at Walmart, Sam’s Club, or Costco.

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.

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