# A LOOK AT YOUR VSP VISION COVERAGE

# SEE HEALTHY AND LIVE HAPPY WITH HELP FROM ALLIANZ GLOBAL RISKS US INSURANCE COMPANY (AGCS VISION) AND VSP.

Enroll in VSP<sup>®</sup> Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

### 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 for additional savings.

### **PROVIDER CHOICES YOU WANT.**

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to **eyeconic.com**<sup>®</sup> and use your vision benefits to shop over 50 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<sup>®</sup>. This comprehensive 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.

Enroll today. Contact us: 800.877.7195 or vsp.com

### YOUR VSP VISION BENEFITS SUMMARY

Allianz Global Risks US Insurance Company (AGCS Vision) and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

|  |                                     | 5 , ,  |  |   |
|--|-------------------------------------|--|--|---|
|  | BENEFIT                             | DESCRIPTION  | COPAY                                  | BENEFIT                                     |
|  | BAS                                 | I  |  |   |
|  | WELLVISION<br>EXAM                  | <ul> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>   | \$20                                   | WELLVISIOI<br>EXAM                          |
|  | ESSENTIAL<br>MEDICAL EYE<br>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> <li>Available as needed</li> </ul> | \$0 per<br>screening<br>\$20 per exam  | ESSENTIAL<br>MEDICAL E <sup>N</sup><br>CARE |
|  | PRESCRIPTION G                      | \$30   | PRESCRIPTI                             |   |
|  | FRAME                               | <ul> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every other calendar year</li> </ul>  | Included in<br>Prescription<br>Glasses | FRAME                                       |
|  | LENSES                              | <ul> <li>Single vision, lined bifocal, and lined<br/>trifocal lenses</li> <li>Impact-resistant lenses for dependent<br/>children</li> <li>Every calendar year</li> </ul>   | Included in<br>Prescription<br>Glasses | LENSES                                      |
|  | LENS<br>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<br/>enhancements</li> <li>Every calendar year</li> </ul>   | \$0<br>\$95 - \$105<br>\$150 - \$175   | LENS<br>ENHANCEME                           |
|  | CONTACTS<br>(INSTEAD OF<br>GLASSES) | <ul> <li>\$130 allowance for contacts; copay does<br/>not apply</li> <li>Contact lens exam (fitting and<br/>evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$60                             | CONTACTS<br>(INSTEAD C<br>GLASSES)          |

#### **PROVIDER NETWORK:**

VSP Choice

#### EFFECTIVE DATE:

01/01/2022

|         | BENEFIT                                   | DESCRIPTION  | COPAY                                  |  |  |
|---------|---|--|--|--|--|
|         | PREMIUM PLAN COVERAGE WITH A VSP PROVIDER |  |  |  |  |
|         | WELLVISION<br>EXAM                        | <ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>  | \$0                                    |  |  |
| ı<br>m  | ESSENTIAL<br>MEDICAL EYE<br>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> <li>Available as needed</li> </ul> | \$0 per<br>screening<br>\$20 per exam  |  |  |
|         | PRESCRIPTION G                            | \$20   |  |  |  |
| n<br>on | FRAME                                     | <ul> <li>\$195 featured frame brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart*/Sam's Club* frame allowance</li> <li>\$95 Costco* frame allowance</li> <li>Every calendar year</li> </ul>  | Included in<br>Prescription<br>Glasses |  |  |
| n<br>in | LENSES                                    | <ul> <li>Single vision, lined bifocal, and lined<br/>trifocal lenses</li> <li>Impact-resistant lenses for dependent<br/>children</li> <li>Every calendar year</li> </ul>   | Included in<br>Prescription<br>Glasses |  |  |
| 5       | LENS<br>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<br/>enhancements</li> <li>Every calendar year</li> </ul>   | \$0<br>\$95 - \$105<br>\$150 - \$175   |  |  |
| )       | CONTACTS<br>(INSTEAD OF<br>GLASSES)       | <ul> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$60                             |  |  |

**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.

EXTRA SAVINGS 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 WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.

\*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.

#### Classification: Restricted

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