Vision Benefit Highlights

Benefit Description	In-Network	Out-of-Network
	You Pay	Vision Plan Reimburses
Eye Exam	\$10 copayment	Up to \$45
Lenses		
Single Vision Bifocal Lenses Trifocal Lenses Standard Progressive Lenses	\$25 copayment \$25 copayment \$25 copayment \$55 copayment	Up to \$30 Up to \$50 Up to \$65 Up to \$50
Frames	Balance over \$130 allowance	Up to \$70
Contact Lenses (Instead of glasses)	Balance over \$130 allowance (up to \$60 copayment for fitting/exam)	Up to \$105
Frequency (exam/lenses/frames/contacts)	Limited to every calendar year	

Vision benefits are offered through VSP.
Call 1-800-877-7196 or go to vsp.com to locate participating providers.



Vision Benefits & Discounts

Glasses and Sunglasses

Extra \$20 to spend on featured frame brands

20% savings on the amount over your allowance

Retinal Screening

No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction

Average 15% off the regular price; discounts only available from contracted facilities

Eyeconic – Online Retailer

Shop for over 70 brands of contacts, eyeglasses, and sunglasses and get in-network benefits

Member Extras

Up to 60% savings on digital hearing aids with TruHearing

Everyday savings on health, wellness and more with VSP Simple Values

Visit <u>vsp.com/offers</u> for more information

