# **Classic**Plan Voluntary - Signature Network



# Great Eye Care & Eyewear from USAvision and VSP

# Using Your VSP Benefits is Easy

Create an account at www.vsp.com

Once your plan is effective, review your benefit information

Find an eye doctor who's right for you The decision is yours to make, with the largest national network of private-practice

doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.

At your appointment, tell them you have VSP There's no ID card necessary; if you'd like a card as a reference, you can print one at www.vsp.com

That's it! VSP handles the rest

# Best Eye Care

You'll get the highest level of care, including a WellVision Exam® the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

# Essential Medical Eye Care Services

Included in all our base plans, for only a \$20 Co-Pay, get so much more than a vision exam. VSP network doctor can diagnose and treat conditions including conjunctivitis, dry eye disease, eye trauma, sudden changes in vision, and more. Covered services include: Retinal Screening for members with diabetes.



Medical Exams & Services for diagnosis, treatment, and management of chronic conditions, such as diabetic eye disease, glaucoma, and age-related macular degeneration.

Treatment for Urgent Conditions such as eye infections, foreign body and abrasions, eye injuries, and eye or eyelid chemical exposure.

Medical Tests for diagnosis and treatment of sudden vision changes, such as eye

flashes, floaters, and sudden vision loss. Other Vision Medical Services

Visit www.vsp.com or call 800.877.7195 for more details regarding your vision coverage and exclusive savings and promotions for VSP members.

Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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# Your **Classic**Plan Vision Benefits

## **Monthly Rates**

Employee Spouse & Employee Child(ren) & Employee Family

#### Network Name

Eye Exam Frequency Fxam **Digital Retinal Scan** Materials

#### Frequency Deductible

Lenses Frequency Single Vision Lined Bi-Focal Lined Tri-Focal Standard Progressives (No-Line) Premium Progressives (No-Line) Custom Progressives (No-Line) High Index Polarized Impact-Resistant **Lens Customizations** 

## Polycarbonates for Children

Polycarbonate for Adults Transitional (Photochromic) Tinting Scratch-Resistant Anti-Reflective Coatings **UV** Coatings Other Lens Customizations

# Frames

Frequency Coverage Featured Brand Coverage Coverage After Allowance **Extra Savings** 

Additional Glasses or Sunglasses Blue-Light Filtering Glasses

**Contact Lenses** (Instead of Lenses and/or Frames) Frequency Coverage Fitting & Evaluation Exam

Medically Necessary Contacts Laser Vision Surgery

# Coverage

**Essential Medical Eve Care Services** 

Coverage Hearing Frequency TruHearing Digital Hearing Aids **Online Hearing Test** Hearing Aid Batteries **Out-of-Network** Exam Frames Single Vision Lenses

Bifocal Lenses (Lined & No-Lines) Trifocal Lenses (Lined & No-Lines) **Progressive Lenses** Lenticular Lenses Contacts Medically Necessary Contacts

| ge with a participating retail chain may be different. Once your benefit is effective, |
|--|
| w.vsp.com for details. Based on applicable laws, benefits may vary by location. In the |
| Washington, VSP Vision Care, Inc., is the legal name of the corporation through which  |
| es business  |

#### **VSP Signature**

\$11.24

\$16.98

\$17.48

\$27.98

| 12 Months           |  |
|---------------------|--|
| \$ <b>10 Co-Pay</b> |  |
| \$ <b>39 Co-Pay</b> |  |
|                     |  |

12 Months **\$25** 

### 12 Months

Free after Deductible Free after Deductible Free after Deductible Free after Deductible \$80-\$90 Co-Pay \$120-\$160 Co-Pay **40%** Average **Discount** 40% Average Discount 40% Average Discount

#### Free

40% Average Discount Free 40% Average Discount 40% Average Discount 40% Average Discount 40% Average Discount 40% Average Discount

#### 24 Months \$130 Allowance \$150 Allowance 20% Discount

20% Discount 20% Discount

**12** Months **\$120 Allowance 15% Discount** Free

#### Discounted

## \$20 Co-Pay

12 Months Up to 60% Discount Free 120 for \$39

| Up | to | \$  | 50 |  |  |
|----|----|-----|----|--|--|
| Up | to | \$  | 70 |  |  |
| Up | to | \$  | 50 |  |  |
| Up | to | \$  | 75 |  |  |
| Up |    |     |    |  |  |
| Up | to | \$  | 75 |  |  |
| Up | to | \$1 | 25 |  |  |
| Up |    |     |    |  |  |
| Up | to | \$2 | 10 |  |  |

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