ClassicPlan Employer Sponsored - 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 Eve 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.

© 2023 USAvision, Inc. All rights reserved. USAvision is a registered trademark of USAvision, Inc. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan.





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

| \$ 8.24 | |
|-----------------|--|
| \$14.48 | |
| \$ 14.98 | |
| \$25.24 | |

VSP Signature

| 12 Months | |
|------------------|--|
| §10 Co-Pay | |
| 39 Co-Pay | |
| | |

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 | |
|-------|-------|--|
| | \$ 70 | |
| Up to | \$ 50 | |
| Up to | \$ 75 | |
| | \$100 | |
| Up to | \$75 | |
| Up to | \$125 | |
| Up to | \$105 | |
| Up to | \$210 | |

Coverage with a participating retail chain may be different. Once your benefit is effective visit www.vsp.com for details. Based on applicable laws, benefits may vary blocation. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.