# **Premier**Plan

Employer Sponsored - Signature Network







#### **Monthly Rates**

\$17.98 **Employee** Spouse & Employee \$27.48 \$27.98 Child(ren) & Employee Family \$44.24

#### **Network**

Name

## **Eye Exam** Frequency

Fxam Digital Retinal Scan \$39 Co-Pay

## **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 Eye**

**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

**VSP Signature** 

**12** Months

12 Months Free

12 Months

Free Free Free

Free \$80-\$90 Co-Pay

\$120-\$160 Co-Pay **40**% Average **Discount** 40% Average Discount **40**% Average **Discount** 

Free Free Free **Free** 

40% Average Discount **40**% Average **Discount** 40% Average Discount **40**% Average **Discount** 

12 Months \$170 Allowance \$190 Allowance 20% Discount

20% Discount 20% Discount

12 Months \$150 Allowance Max \$60 Co-Pay Free

## **Discounted**

\$20 Co-Pay 12 Months

Up to 60% Discount
Free
<b>120</b> for \$39
Up to \$ <b>50</b>
Up to \$ <b>70</b>
Up to \$ <b>50</b>
Up to \$ <b>75</b>
Up to \$ <b>100</b>
Up to \$ <b>75</b>
Up to \$ <b>125</b>
Up to \$ <b>105</b>
Up to \$210

## 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 eve 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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20230901 Premier - Signature - Employer Sponsored 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 by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which