# **Premier**Plan

Employer Sponsored - Signature Network with **Progressive Lens** Enhancement



# 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 riaht 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 **Premier**Plan Vision Benefits

### **Monthly Rates**

\$20.24 **Employee** Spouse & Employee \$30.48 \$30.98 Child(ren) & Employee Family \$48.98

#### **Network**

**VSP Signature** 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

**12** Months

12 Months

Free

12 Months

Free Free

Free Free

Free Free

**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** 

120 for \$39

Up to \$ 50

Up to \$ 70 Up to \$ 50 Up to \$ 75 Up to \$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 by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which

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