## **Premier**Plan **Employer Sponsered - Choice Network**



Family

Digital Retinal Scan



# 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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Monthly Rates	
Employee	<b>\$16.24</b>
Spouse & Employee	\$24.24
Child(ren) & Employee	\$24.74

\$39.24

**\$39 Co-Pay** 

Free

**Free** 

Free

Free

\$95-\$105 Co-Pay

\$150-\$175 Co-Pay

**30**% Average **Discount** 

30% Average Discount

30% Average Discount

**30**% Average **Discount** 

12 Months

\$170 Allowance

\$190 Allowance

20% Discount

20% Discount

20% Discount

Network Name Eye Exam	VSP Choice
Frequency	12 Months
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**Materials** Frequency **12** Months Deductible Free Lenses 12 Months

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 **30**% Average **Discount Lens Customizations** Polycarbonates for Children Free Polycarbonate for Adults Free Transitional (Photochromic) Free **Tinting Free** Scratch-Resistant 30% Average Discount **Anti-Reflective Coatings 30**% Average **Discount** 

**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

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

\$20 Co-Pay

**Discounted** 

Hearing	
Frequency	<b>12</b> Months
TruHearing Digital Hearing Aids	Up to 60% Discount
Online Hearing Test	Free
Hearing Aid Batteries	<b>120</b> for \$39
Out-of-Network	
Exam	Up to \$ <b>45</b>
Frames	Up to \$ <b>70</b>
Single Vision Lenses	Up to \$ <b>30</b>
Bifocal Lenses (Lined & No-Lines)	Up to \$ <b>50</b>
Trifocal Lenses (Lined & No-Lines)	Up to \$ <b>65</b>
Progressive Lenses	Up to \$ <b>50</b>
Lenticular Lenses	Up to \$100
Contacts	Up to \$ <b>105</b>
Medically Necessary Contacts	Up to \$ <b>210</b>

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