PremierPlan

Employer Sponsered - Choice 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, eve injuries, and eve or evelid chemical exposure.

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

monthly mates	
Employee	\$17.98
Spouse & Employee	\$27.24
Child(ren) & Employee	\$27.74
Family	\$43.98

\$39 Co-Pay

Network

Digital Retinal Scan

Name	VSP Choice
Eye Exam	
Frequency	12 Months
Fxam	Free

Materials Frequency **12** Months Deductible Free Lenses

Frequency 12 Months Single Vision Free Lined Bi-Focal Free Lined Tri-Focal Free Standard Progressives (No-Line) Free Premium Progressives (No-Line) Free

Custom Progressives (No-Line) Free High Index **30**% Average **Discount** 30% Average Discount 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 30% Average Discount Other Lens Customizations **30**% Average **Discount**

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**

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

Discounted

12 Months

\$170 Allowance

\$190 Allowance

20% Discount

20% Discount

20% Discount

Care Services \$20 Co-Pay Coverage

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