# **Premier**Plan

**Employer Sponsered - Choice Network** with Computer VisionCare & Progressive Lens Enhancements



# 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 vou.

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** 

## Computer VisionCare

This plan includes Computer VisionCare, which provides additional computer vision specific coverage for the Employee Only



After an employee completes a simple questionnaire, and pays a \$25 Co-Pay, they will receive a supplemental, limited eye exam to determine their specific visual needs for computer use. After this eye exam, if it is prescribed, employees will receive an additional pair of glasses to meet their computer use need for Free.

### Visit www.vsp.com or call 800.877.7195 for more details regarding your vision coverage and exclusive savings and promotions for VSP members.

Savinas based on network doctor's retail price and vary by plan and purchase selection; average savinas 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 **Premier**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 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

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 VSP does busine

\$28.48 \$28.98 \$44.98 **VSP** Choice 12 Months

Free \$39 Co-Pay

12 Months Free

\$19.48

12 Months Free Free Free Free Free Free

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

Free

Free Free Free 30% Average Discount **30%** Average **Discount** 30% Average Discount **30%** 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	\$	45	5		
Up	to	\$	70	)		
Up	to	\$	30			
Up	to	\$	50			
Up	to	\$	65	5		
Up	to	\$	50			
Up	to	\$1	00			
Up	to	\$1	05	5		
dЛ	to	\$2	10			