ClassicPlan

Employer Sponsored - 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 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 Eve 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

20230901

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.

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 **Classic**Plan Vision Benefits

Monthly Rates	M	ont	hlv	Rates
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Employee \$ 9.98 Spouse & Employee \$15.98 Child(ren) & Employee \$16.48 Family \$27.24

Network

VSP Choice Name **Eye Exam** Frequency **12** Months Fxam \$10 Co-Pay 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 Eve

Care Services

Coverage Hearing

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 after Deductible **30**% Average **Discount** 30% Average Discount **30**% Average **Discount**

30% Average **Discount**

Free

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

24 Months

\$130 Allowance \$150 Allowance 20% Discount

20% Discount

20% Discount

12 Months

\$120 Allowance 15% Discount

Discounted

\$20 Co-Pay

12 Months

Up to 60% Discount Free **120** for \$39 Up to \$ 45

Up to \$ 70 Up to \$ 30 Up to \$ 50 Up to \$ 65

Up to \$ 50 Up to \$100

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 VSP does business.