# A Look at your VSP Vision Coverage

With VSP and CITY OF SEATTLE - LOCAL 77, your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP<sup>®</sup> network doctor for you and your family.

## Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

#### PROVIDER NETWORK:

VSP Signature

#### EFFECTIVE DATE:

01/01/2023

# Create an account today.

Contact us at: 800.877.7195 or vsp.com

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. 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. TruHearing is not available directly from VSP in the states of California and Washington.

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BENEFIT	DESCRIPTION	COPAY	
	YOUR COVERAGE WITH A VSP PROV	IDER	
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$10	
PRESCRIPTION	GLASSES	\$25	
FRAME⁺	<ul> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$50 \$80 - \$90 \$120 - \$160	
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$120 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	\$0	
EXTRA	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
SAVINGS	<ul> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		
YOUR COVERA	GE GOES FURTHER IN-NETWORK		
With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
		ensesup to \$45	

Exam up to S	\$35 Lipsd Trifacal Lances up to \$40	-
Frameup to \$	\$30 Discrete find a near the \$40	5
Single Vision Lenses up to \$	<ul> <li>\$35</li> <li>\$30</li> <li>\$41</li> <li>\$30</li> <li>\$42</li> <li>\$30</li> <li>\$43</li> <li>\$30</li> <li>\$41</li> <li>\$42</li> <li>\$40</li> <li>\$41</li> <li>\$42</li> <li>\$42</li> </ul>	כ ר
Lined Bifocal Lensesup to \$	\$40	J