

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM BUSINESS HEALTH TRUST AND VSP.



As a VSP® member you get personalized eye care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



MORE EYEWEAR CHOICES

Shop more than 50 brands of contacts, eyeglasses, and sunglasses on **eyeconic.com**. Best of all, you can use your VSP benefits and connect directly with your eye doctor for your prescription.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$50 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Contact us: **800.877.7195** or vsp.com

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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YOUR VSP VISION BENEFITS SUMMARY

BUSINESS HEALTH TRUST and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Choice Plan A Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$20	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	• \$200 allowance for a wide selection of frames • \$250 allowance for featured frame brands • \$110 Costco® frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 24 months
LENS ENHANCEMENTS	• Standard progressive lenses • UV protection • Average savings of 30% on other lens enhancements	\$0 \$0	Every 24 months
CONTACTS (INSTEAD OF GLASSES)	• \$160 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 24 months
SUNCARE	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 24 months

Choice Plan B Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$20	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	• \$200 allowance for a wide selection of frames • \$250 allowance for featured frame brands • \$110 Costco frame allowance	Included in Prescription Glasses	Every 24 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • UV protection • Average savings of 30% on other lens enhancements	\$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• \$160 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
SUNCARE	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 24 months

Choice Plan C Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$20	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	• \$200 allowance for a wide selection of frames • \$250 allowance for featured frame brands • \$110 Costco frame allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • UV protection • Average savings of 30% on other lens enhancements	\$0 \$0	Every 24 months
CONTACTS (INSTEAD OF GLASSES)	• \$160 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
SUNCARE	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 12 months

ALL PLAN OPTIONS*			
EXTRA SAVINGS	Glasses and Sunglasses	<ul style="list-style-type: none"> • Extra \$50 to spend on featured frame brands. Go to vsp.com/framebrands for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 	
	Routine Retinal Screening	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities 	

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage 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.