A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE CHILDREN'S MERCY HOSPITAL AND VSP.

Enroll in VSP[®] Vision Care to get personalized 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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com**[®] and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. This comprehensive 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.





USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Enroll today. Contact us: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

THE CHILDREN'S MERCY HOSPITAL and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY			
BASIC COVERAGE WITH A VSP PROVIDER					
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every plan year* 	\$15			
EXTRA SAVINGS	 Glasses and Sunglasses 20% savings on complete pair of prescriand sunglasses, including lens enhancem VSP provider within 12 months from your Exam. Contacts 15% savings on a contact lens exam (fitti evaluation) Laser Vision Correction Average 15% off the regular price or 5% promotional price; discounts only availal contracted facilities 	nents, from any last WellVision ing and off the			

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2022

	COPAY	BENEFIT	DESCRIPTION	COPAY
PROVIDER		PR	EMIUM COVERAGE WITH A VSP PROVIDER	
overall	\$15	WELLVISION EXAM	 Focuses on your eyes and overall wellness Every plan year* 	\$15
air of prescription glasses ens enhancements, from any ths from your last WellVision ns exam (fitting and price or 5% off the ts only available from		ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
		PRESCRIPTION G	PRESCRIPTION GLASSES	
		FRAME	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every other plan year 	Included in Prescription Glasses
		LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every plan year 	Included in Prescription Glasses
		LENS ENHANCEMENTS	 Standard progressive lenses Anti-glare coating Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every plan year 	\$0 \$25 \$80 - \$90 \$120 - \$160
		CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60
		EXTRA SAVINGS	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 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. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	
YOUR COV	ERAGE WITH OU	JT-OF-NETWORK PRO	DVIDERS	

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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 network 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.

*Plan year begins in July

*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.

Classification: Restricted

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