A Look at Your VSP Vision Coverage With VSP and Business Health Trust Choice Plan C W/ CVC your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP 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, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where eyeconic you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. 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.

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.

YSD_{TH} vision care

More Ways to Save

Extra

\$50

to spend on Featured Brands†

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CALVIN KLEIN

COLE HAAN

@DRAGON. LACOSTE 灰

FLEXON



See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements‡

Your VSP Vision Benefits Summary

you with an affordable vision plan.

BHT Choice Plan C W/ CVC and VSP provide

PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$20	Every 12 months
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. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	es S	\$25	
FRAME*	 \$250 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Costco®, Walmart® frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Glasses	Every 12 months
LENS ENHANCEMENTS	 Standard progressive lenses UV Coating Premium or Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$95 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$160 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
LIGHTCARE™	 \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 		Every 12 months
COMPUTER VISIONCAR	E (EMPLOYEE-ONLY COVERAGE)		
COMPUTER VISION EXAM	Evaluates your needs related to computer use	\$25 for exam and glasses	Every 12 months
FRAME [*]	\$110 featured frame brands allowance\$90 frame allowance20% savings on the amount over your allowance	Combined with exam	Every 12 months
LENSES	Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with exam	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider with 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 facilities 	ce; discounts only ava	ailable from contracte
OUR COVERAGE GOES	FURTHER IN-NETWORK		

Lined Trifocal Lensesup to \$65

Lined Bifocal Lensesup to \$50 Progressive Lensesup to \$50

Examup to \$45

Frameup to \$70

Single Vision Lensesup to \$30

Contactsup to \$105

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

¹⁵avings 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. +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.