

TraditionalPlan

Voluntary - Signature Network
with **Progressive Lens** Enhancement



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 right 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 Eye 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



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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20230901 PID_072 Traditional - Signature - Voluntary - Progressive Lenses



Your TraditionalPlan Vision Benefits

Monthly Rates

Employee	\$10.74
Spouse & Employee	\$16.48
Child(ren) & Employee	\$16.98
Family	\$26.74

Network

Name	VSP Signature
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Eye Exam

Frequency	12 Months
Exam	\$15 Co-Pay
Digital Retinal Scan	\$39 Co-Pay

Materials

Frequency	12 Months
Deductible	\$25

Lenses

Frequency	12 Months
Single Vision	Free after Deductible
Lined Bi-Focal	Free after Deductible
Lined Tri-Focal	Free after Deductible
Standard Progressives (No-Line)	Free after Deductible
Premium Progressives (No-Line)	Free after Deductible
Custom Progressives (No-Line)	Free after Deductible
High Index	40% Average Discount
Polarized	40% Average Discount
Impact-Resistant	40% Average Discount

Lens Customizations

Polycarbonates for Children	Free
Polycarbonate for Adults	40% Average Discount
Transitional (Photochromic)	40% Average Discount
Tinting	40% Average Discount
Scratch-Resistant	40% Average Discount
Anti-Reflective Coatings	40% Average Discount
UV Coatings	40% Average Discount
Other Lens Customizations	40% Average Discount

Frames

Frequency	24 Months
Coverage	\$120 Allowance
Featured Brand Coverage	\$140 Allowance
Coverage After Allowance	20% Discount

Extra Savings

Additional Glasses or Sunglasses	20% Discount
Blue-Light Filtering Glasses	20% Discount

Contact Lenses

(Instead of Lenses and/or Frames)	
Frequency	12 Months
Coverage	\$120 Allowance
Fitting & Evaluation Exam	15% Discount
Medically Necessary Contacts	Free

Laser Vision Surgery

Coverage	Discounted
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Essential Medical Eye Care Services

Coverage	\$20 Co-Pay
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Hearing

Frequency	12 Months
TruHearing Digital Hearing Aids	Up to 60% Discount
Online Hearing Test	Free
Hearing Aid Batteries	120 for \$39

Out-of-Network

Exam	Up to \$ 50
Frames	Up to \$ 70
Single Vision Lenses	Up to \$ 50
Bifocal Lenses (Lined & No-Lines)	Up to \$ 75
Trifocal Lenses (Lined & No-Lines)	Up to \$100
Progressive Lenses	Up to \$ 75
Lenticular Lenses	Up to \$125
Contacts	Up to \$105
Medically Necessary Contacts	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.