DeluxePlan

Employer Sponsored - 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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Your DeluxePlan Vision Benefits

Monthly Rates Employee	\$ 13.48
Spouse & Employee	\$23.74
Child(ren) & Employee	\$24.74
Family	\$42.24
Network	
Name	VSP Signature
Eye Exam	10.11
Frequency	12 Months
Exam Digital Retinal Scan	\$10 Co-Pay \$39 Co-Pay
Materials	<i>433 00-гау</i>
Frequency	12 Months
Deductible	\$ 25
Lenses	
Frequency	12 Months
Single Vision	Free after Deductible
Lined Bi-Focal	Free after Deductible
Lined Tri-Focal Standard Progressives (No-Line)	Free after Deductible Free after Deductible
Premium Progressives (No-Line)	Free after Deductible
Custom Progressives (No-Line)	Free after Deductible
High Index	40% Average Discoun
Polarized	40% Average Discoun
mpact-Resistant	40% Average Discoun
Lens Customizations	
Polycarbonates for Children	Free
Polycarbonate for Adults	Free
Transitional (Photochromic)	Free
Tinting	
Scratch-Resistant Anti-Reflective Coatings	40% Average Discoun 40% Average Discoun
UV Coatings	40% Average Discoun
Other Lens Customizations	40% Average Discoun
Frames	
Frequency	12 Months
Coverage	\$150 Allowance
Featured Brand Coverage	\$170 Allowance
Coverage After Allowance	20% Discount
Extra Savings	20% Discount
Additional Glasses or Sunglasses Blue-Light Filtering Glasses	20% Discount
Contact Lenses	20% Discount
(Instead of Lenses and/or Frames)	
Frequency	12 Months
Coverage	\$125 Allowance
Fitting & Evaluation Exam Medically Necessary Contacts	Max \$60 Co-Pay Free
Laser Vision Surgery	1100
Coverage	Discounted
Essential Medical Eye	
Care Services	
Coverage	\$20 Co-Pay
Hearing	12 Months
Frequency	12 Months Up to 60% Discount
TruHearing Digital Hearing Aids Online Hearing Test	Free
-	120 for \$39
Hearing Aid Batteries Out-of-Network	Up to \$ 50
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Out-of-Network Exam Frames	Up to \$ 70
Out-of-Network Exam Frames Single Vision Lenses	Up to \$ 70 Up to \$ 50
Out-of-Network Exam Frames Single Vision Lenses Bifocal Lenses (Lined & No-Lines)	Up to \$ 70 Up to \$ 50 Up to \$ 75
Out-of-Network Exam Frames Single Vision Lenses Bifocal Lenses (Lined & No-Lines) Trifocal Lenses (Lined & No-Lines)	Up to \$ 70 Up to \$ 50 Up to \$ 75 Up to \$100
Out-of-Network Exam Frames Single Vision Lenses Bifocal Lenses (Lined & No-Lines) Trifocal Lenses (Lined & No-Lines) Progressive Lenses	Up to \$ 70 Up to \$ 50 Up to \$ 75 Up to \$100 Up to \$ 75
Out-of-Network Exam Frames Single Vision Lenses Bifocal Lenses (Lined & No-Lines) Trifocal Lenses (Lined & No-Lines)	Up to \$ 70 Up to \$ 50 Up to \$ 75 Up to \$100

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.