TraditionalPlan

Voluntary - Signature Network

with Computer VisionCare 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 riaht 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

Computer VisionCare

This plan includes Computer VisionCare, which provides additional computer vision specific coverage for the **Employee Only.**



After an employee completes a simple questionnaire, and pays a \$25 Co-Pay, they will receive a supplemental, limited eye exam to determine their specific visual needs for computer use. After this eye exam, if it is prescribed, employees will receive an additional pair of glasses to meet their computer use need for Free.

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 **Traditional**Plan Vision Benefits

Monthly Rates	
Employee	\$11.98
Spouse & Employee	\$16.98
Child(ren) & Employee	\$17.48
Family	\$26.24

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Employee	\$11.98
Spouse & Employee	\$16.98
Child(ren) & Employee	\$17.48
Family	\$26.24
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Network	
Name	VSP Signature
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Eye Exam	40) () ()
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)	\$80-\$90 Co-Pay
Custom Progressives (No-Line)	\$120-\$160 Co-Pay
High Index	40% Average Discount
Polarized	40% Average Discount
Impact-Resistant	40% Average Discount
Lens Customizations	40% Average Discount
	Fore
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
Covorago	4120 Allowalice

Fitting & Evaluation Exam Medically Necessary Contacts **Laser Vision Surgery**

Coverage **Essential Medical Eve**

Care Services Coverage

Hearing TruHearing Digital Hearing Aids Online Hearing Test Hearing Aid Batteries

Out-of-Network

Exam Frames Single Vision Lenses Bifocal Lenses (Lined & No-Lines) Trifocal Lenses (Lined & No-Lines) **Progressive Lenses** Lenticular Lenses Contacts Medically Necessary Contacts

Discounted

\$20 Co-Pay

Free

15% Discount

12 Months Up to 60% Discount Free

120 for \$39 Up to \$ 50 Up to \$ 70 Up to \$ 50 Up to \$ 75 Up to \$100 Up to \$ 75 Up to \$125 Up to \$105 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.