## **Deluxe**Plan Voluntary - Choice Network



# 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 <b>Deluxe</b> Plan Vis	ion Benefits
Monthly Rates	
Employee	\$12.98
Spouse & Employee	\$19.98
Child(ren) & Employee Family	\$20.24 \$31.48
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Network Name	VSP Choice
<b>Eye Exam</b> Frequency	<b>12</b> Months
Exam	\$10 Co-Pay
Digital Retinal Scan	\$39 Co-Pay
Materials	
Frequency	12 Months
Deductible Lenses	\$ <b>25</b>
Frequency	<b>12</b> 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)	\$95-\$105 Co-Pay
Custom Progressives (No-Line) High Index	\$150-\$175 Co-Pay 30% Average Discount
Polarized	<b>30%</b> Average <b>Discount</b>
Impact-Resistant	<b>30%</b> Average <b>Discount</b>
Lens Customizations	J
Polycarbonates for Children	Free
Polycarbonate for Adults	Free
Transitional (Photochromic) Tinting	Free Free
Scratch-Resistant	<b>30%</b> Average <b>Discount</b>
Anti-Reflective Coatings	<b>30%</b> Average <b>Discount</b>
UV Coatings	30% Average Discount
Other Lens Customizations	30% Average Discount
Frames	
Frequency	12 Months \$150 Allowance
Coverage Featured Brand Coverage	\$170 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	<b>12</b> Months
Coverage	\$125 Allowance
Fitting & Evaluation Exam	Max \$60 Co-Pay
Medically Necessary Contacts	Free
Laser Vision Surgery Coverage	Discounted
Essential Medical Eye	Discounted
Care Services	
Coverage	\$20 Co-Pay
Hearing	
Frequency	12 Months
TruHearing Digital Hearing Aids Online Hearing Test	Up to 60% Discount Free
Hearing Aid Batteries	<b>120</b> for \$39
Out-of-Network	
Exam	Up to \$ <b>45</b>
Frames	Up to \$ 70
Single Vision Lenses	Up to \$ 30
Bifocal Lenses (Lined & No-Lines)	Up to \$ <b>50</b>
Trifocal Lenses (Lined & No-Lines) Progressive Lenses	Up to \$ <b>65</b> Up to \$ <b>50</b>
Lenticular Lenses	Up to \$ <b>100</b>
Contacts	Up to \$ <b>105</b>
Medically Necessary Contacts	Up to \$ <b>210</b>

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.

30% Average Discount
30% Average Discount
Free
Free
Free
Free
30% Average Discount
30% Average Discount

Jp	to	\$	45		
Jp	to	\$	70		
Jp	to	\$	30		
Jp	to	\$	50		
Jp	to	\$	65		
Jp	to	\$	50		
Jp	to	\$1	00		
Jp	to	\$1	05		
In	to	02	10		