

# DeluxePlan

Voluntary - Choice Network  
with **Computer VisionCare**  
& **Progressive Lens** Enhancements



## Great Eye Care & Eyewear from USAvision and VSP

### Using Your VSP Benefits is Easy

**Create an account at [www.vsp.com](http://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](http://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](http://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\_139 Deluxe - Choice - Voluntary - CVC & Progressive Lenses



## Your DeluxePlan Vision Benefits

### Monthly Rates

|                       |                |
|-----------------------|----------------|
| Employee              | <b>\$16.74</b> |
| Spouse & Employee     | <b>\$23.98</b> |
| Child(ren) & Employee | <b>\$24.24</b> |
| Family                | <b>\$37.74</b> |

### Network

Name **VSP Choice**

### Eye Exam

|                      |                    |
|----------------------|--------------------|
| Frequency            | <b>12 Months</b>   |
| Exam                 | <b>\$10 Co-Pay</b> |
| Digital Retinal Scan | <b>\$39 Co-Pay</b> |

### Materials

|            |                  |
|------------|------------------|
| Frequency  | <b>12 Months</b> |
| Deductible | <b>\$25</b>      |

### Lenses

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Frequency                       | <b>12 Months</b>                    |
| Single Vision                   | <b>Free</b> after <b>Deductible</b> |
| Lined Bi-Focal                  | <b>Free</b> after <b>Deductible</b> |
| Lined Tri-Focal                 | <b>Free</b> after <b>Deductible</b> |
| Standard Progressives (No-Line) | <b>Free</b> after <b>Deductible</b> |
| Premium Progressives (No-Line)  | <b>Free</b> after <b>Deductible</b> |
| Custom Progressives (No-Line)   | <b>Free</b> after <b>Deductible</b> |
| High Index                      | <b>30% Average Discount</b>         |
| Polarized                       | <b>30% Average Discount</b>         |
| Impact-Resistant                | <b>30% Average Discount</b>         |

### Lens Customizations

|                             |                             |
|-----------------------------|-----------------------------|
| Polycarbonates for Children | <b>Free</b>                 |
| Polycarbonate for Adults    | <b>Free</b>                 |
| Transitional (Photochromic) | <b>Free</b>                 |
| Tinting                     | <b>Free</b>                 |
| Scratch-Resistant           | <b>30% Average Discount</b> |
| Anti-Reflective Coatings    | <b>30% Average Discount</b> |
| UV Coatings                 | <b>30% Average Discount</b> |
| Other Lens Customizations   | <b>30% Average Discount</b> |

### Frames

|                          |                        |
|--------------------------|------------------------|
| Frequency                | <b>12 Months</b>       |
| Coverage                 | <b>\$150 Allowance</b> |
| Featured Brand Coverage  | <b>\$170 Allowance</b> |
| Coverage After Allowance | <b>20% Discount</b>    |

### Extra Savings

|                                  |                     |
|----------------------------------|---------------------|
| Additional Glasses or Sunglasses | <b>20% Discount</b> |
| Blue-Light Filtering Glasses     | <b>20% Discount</b> |

### Contact Lenses

|  |                        |
|--|------------------------|
| <b>(Instead of Lenses and/or Frames)</b> |                        |
| Frequency                                | <b>12 Months</b>       |
| Coverage                                 | <b>\$125 Allowance</b> |
| Fitting & Evaluation Exam                | <b>Max \$60 Co-Pay</b> |
| Medically Necessary Contacts             | <b>Free</b>            |

### Laser Vision Surgery

|          |                   |
|----------|-------------------|
| Coverage | <b>Discounted</b> |
|----------|-------------------|

### Essential Medical Eye Care Services

|          |                    |
|----------|--------------------|
| Coverage | <b>\$20 Co-Pay</b> |
|----------|--------------------|

### Hearing

|                                 |                           |
|---------------------------------|---------------------------|
| Frequency                       | <b>12 Months</b>          |
| TruHearing Digital Hearing Aids | <b>Up to 60% Discount</b> |
| Online Hearing Test             | <b>Free</b>               |
| Hearing Aid Batteries           | <b>120 for \$39</b>       |

### Out-of-Network

|                                    |                    |
|------------------------------------|--------------------|
| Exam                               | <b>Up to \$ 45</b> |
| Frames                             | <b>Up to \$ 70</b> |
| Single Vision Lenses               | <b>Up to \$ 30</b> |
| Bifocal Lenses (Lined & No-Lines)  | <b>Up to \$ 50</b> |
| Trifocal Lenses (Lined & No-Lines) | <b>Up to \$ 65</b> |
| Progressive Lenses                 | <b>Up to \$ 50</b> |
| Lenticular Lenses                  | <b>Up to \$100</b> |
| Contacts                           | <b>Up to \$105</b> |
| Medically Necessary Contacts       | <b>Up to \$210</b> |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [www.vsp.com](http://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.