TraditionalPlan 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 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

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

Monthly Rates	
Employee	\$ 8.74
Spouse & Employee	\$ 13.24
Child(ren) & Employee	\$ 13.24
Family	\$ 20.98
Network	
Name	VSP Choice
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)	\$95-\$105 Co-Pay
Custom Progressives (No-Line)	\$150-\$175 Co-Pay
High Index	30% Average Discount
Polarized	30% Average Discount
Impact-Resistant	30% Average Discount
Lens Customizations	
Polycarbonates for Children	Free
Polycarbonate for Adults	30% Average Discount
Transitional (Photochromic)	30% Average Discount
Tinting	30% Average Discount
Scratch-Resistant	30% Average Discount

Anti-Reflective Coatings **UV** Coatings Other Lens Customizations

Frames

Frequency Coverage Featured Brand Coverage Coverage After Allowance Extra Savings

Additional Glasses or Sunglasses

Blue-Light Filtering Glasses Contact Lenses

(Instead of Lenses and/or Frames) Frequency Coverage Fitting & Evaluation Exam

Medically Necessary Contacts Laser Vision Surgery

Coverage

Essential Medical Eve Care Services Coverage Hearing Frequency 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 30% Average Discount 30% Average Discount **30%** Average **Discount**

24 Months **\$120 Allowance \$140 Allowance 20% Discount**

20% Discount **20% Discount**

12 Months **\$120 Allowance 15% Discount** Free

Discounted

\$20 Co-Pay

12 Months		
Up to 60% Discount		
Free		
120 for \$ 39		

Up to \$ 45	
Up to \$ 70	
Up to \$ 30	
Up to \$ 50	
Up to \$ 65	
Up to \$ 50	
Up to \$ 100	
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.