

B Plan

YOUR VSP VISION BENEFITS SUMMARY
WILLIAMS COUNTY and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Signature



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months
PRESCRIPTION GLASSES			
FRAME	\$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance	Combined with exam	Every 24 months
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Combined with exam	Every 12 months
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 40% on other lens enhancements	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
PRIMARY EYECARESM	- Retinal screening for members with diabetes - Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. - Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. - Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening - No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		
YOUR PER PAY PERIOD CONTRIBUTION	\$13.80 Member only \$23.25 Member + 1 \$23.73 Member + children \$38.26 Member + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. 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.

¹Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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VSP, VSP Vision Care for Life, Eyeconic, and WellVision Exam are registered trademarks. VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

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LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Standard progressive lenses - Tints/Light-reactive lenses	Combined with exam \$0 \$0	Every 12 months
LENS ENHANCEMENTS	- Premium progressive lenses - Custom progressive lenses - Average savings of 40% on other lens enhancements	\$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
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YOUR PER PAY PERIOD CONTRIBUTION	\$17.15 Member only \$28.88 Member + 1 \$29.48 Member + children \$47.53 Member + family		

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