# Your Vision Benefits Summary

Get access to the best in eye care and eyewear with C.E.B.T. and VSP® Vision Care.

#### Using your VSP benefit is easy.

- Create an account at 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. Visit vsp.com or call 800.877.7195.
- 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 on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

## **Best Eye Care**

You'll get the highest level of care, including a WellVision Exam<sup>®</sup>- 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.

### **Choice in Eyewear**

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at **eyeconic.com**®, VSP's preferred online eyewear store.

#### **Plan Information**

VSP Provider Network: VSP Signature

C.E.B.T. and VSP provide you with an affordable eyecare plan.



# Plan B

| Benefit                             | Description   | Сорау                                  |
|-------------------------------------|---|--|
|                                     | Your Coverage with a VSP Provider   |  |
| WellVision<br>Exam                  | <ul><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>   | \$15                                   |
| Prescription Gla                    | sses  | \$15                                   |
| Frame                               | <ul> <li>\$160 allowance for a wide selection<br/>of frames</li> <li>\$180 allowance for featured frame<br/>brands</li> <li>20% savings on the amount over your<br/>allowance</li> <li>\$80 Costco<sup>®</sup> frame allowance</li> <li>Every 24 months</li> </ul>  | Included in<br>Prescription<br>Glasses |
| Lenses                              | <ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 12 months</li> </ul>   | Included in<br>Prescription<br>Glasses |
| Lens<br>Enhancements                | <ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other<br/>lens enhancements</li> <li>Every 12 months</li> </ul>   | \$50<br>\$80 - \$90<br>\$120 - \$160   |
| Contacts<br>(instead of<br>glasses) | <ul> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>   | Up to \$60                             |
| Extra Savings                       | <ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provio on the same day as your WellVision Exam. Or get 205 from any VSP provider within 12 months of your last WellVision Exam.</li> <li>Retinal Screening</li> </ul> |  |
| Extra Savings                       | <ul> <li>No more than a \$39 copay on routine retinal screening<br/>as an enhancement to a WellVision Exam</li> </ul>   |  |
|                                     | <ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>   |  |
| Y                                   | our Coverage with Out-of-Network Provide  | ers                                    |
|                                     | t of your benefits and greater savings with<br>nber Services for out-of-network plan deta   |  |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

1. Brands/Promotion subject to change.

2. 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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