# A LOOK AT YOUR VSP **VISION COVERAGE**

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CLINTON **COUNTY BOARD OF MR/DD AND** VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

# **VALUE AND SAVINGS YOU LOVE.**

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

## PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations-including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.





### **QUALITY VISION CARE YOU NEED.**

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

#### PROVIDER NETWORK:

**VSP Signature** Effective 1/1/2022

Log in to **vsp.com** to find an in-network provider based on your plan type.

Contact us:

800.877.7195 or vsp.com



	BENEFIT	DESCRIPTION	COPAY	
		YOUR COVERAGE WITH A VSP PROVIDER		
	WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>	\$10	
	PRESCRIPTION	GLASSES	\$25	
	FRAME	<ul> <li>\$150 frame allowance</li> <li>\$170 featured frame brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every 24 months</li> </ul>	Included in Prescription Glasses	
)	LENSES	<ul><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Every 12 months</li></ul>	Included in Prescription Glasses	
	LENS ENHANCEMENTS	<ul> <li>Impact-resistant lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	
	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$130 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	\$0	
	PRIMARY EYECARE <sup>SM</sup>	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$0 \$20 per exam	
	EXTRA SAVINGS	Routine Retinal Screening		
	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.

VSP guarantees coverage from VSP network providers only. 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.