A Look at Your VSP Vision Coverage

With VSP and SIDNEY, your health comes first.



YSP.

vision care

Enroll in VSP[®] Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge[™] location.

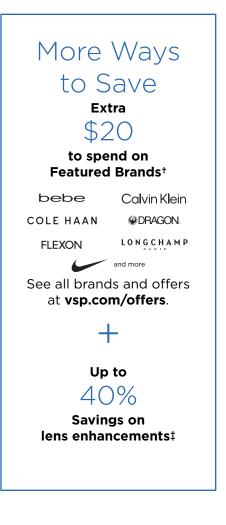


Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

SIDNEY and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY
St	andard Coverage with a VSP Provider	
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION	GLASSES	\$25
FRAME	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year 	Included in Prescription Glasses
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	 Standard progressive lenses Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every calendar year 	\$0 \$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
YOUR COVERAGE	E GOES FURTHER IN-NETWORK	

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

PROVIDER NETWORK:

VSP Signature EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	
Premium Coverage with a VSP Provider			
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every calendar year 	\$10	
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam	
PRESCRIPTION	GLASSES	\$15	
FRAME	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses	
LENS ENHANCEMENTS	 Standard progressive lenses Tints/Light-reactive lenses Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every calendar year 	\$0 \$0 \$0 \$80 - \$90 \$120 - \$160	
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	

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	 Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
EXTRA SAVINGS	 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

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

1Savings 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. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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