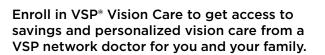
# A Look at Your VSP Vision Coverage

With VSP and PRISM / SANTA BARBARA COURTS, your health comes first.



### 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. vsp.

PREMIER With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.

Eyeconic<sup>®</sup> is the preferred VSP online retailer where eveconic you can shop in-network with your vision benefits.

See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

#### Quality vision care you need.

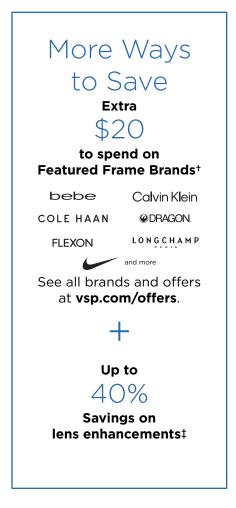
You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## 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.



Please scan QR code or visit **vsp.com** to learn more. **YSP** vision care



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

# Your VSP Vision Benefits Summary

PRISM / SANTA BARBARA COURTS 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	BENEFIT	DES
BA	SE PLAN Coverage with a VSP Provider		BUY	UP PL
WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 for exam and glasses Up to \$39	WELLVISION EXAM	<ul> <li>Foc well</li> <li>Rou</li> <li>Eve</li> </ul>
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retidiat</li> <li>Add rout</li> <li>from</li> <li>vision</li> <li>such</li> <li>glau</li> <li>Coordiant</li> <li>Coordiant</li> <li>Coordiant</li> <li>Coordiant</li> <li>Avant</li> </ul>
PRESCRIPTION	GLASSES		PRESCRIPTION	GLASSE
FRAME <sup>.</sup>	<ul> <li>\$140 Featured Frame Brands allowance</li> <li>\$120 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart/Sam's Club/Costco frame allowance</li> <li>Every 24 months</li> </ul>	Combined with exam	FRAME*	<ul> <li>\$170</li> <li>\$150</li> <li>20%</li> <li>allor</li> <li>\$80</li> <li>allor</li> <li>Eve</li> </ul>
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 24 months</li> </ul>	Combined with exam	LENSES	<ul> <li>Sing trife</li> <li>Imp chile</li> <li>Eve</li> </ul>
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 24 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul> <li>Star</li> <li>Prei</li> <li>Cus</li> <li>Ave</li> <li>enh</li> <li>Eve</li> </ul>
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 24 months</li> </ul>	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$150 not</li> <li>Con eval</li> <li>Eve</li> </ul>
	Glasses and Sunglasses Discover all current eyewear offers and s 20% savings on unlimited additional pair VSP provider within 12 months of your la	s of prescription	or non-prescription	glasses/

wance Walmart/Sam's Club/Costco frame wance ry 24 months	Combined with exam	FRAME <sup>+</sup>	<ul> <li>20% allo</li> <li>\$80 allo</li> <li>Eve</li> </ul>
gle vision, lined bifocal, and lined scal lenses act-resistant lenses for dependent dren ry 24 months	Combined with exam	LENSES	<ul> <li>Sing trifc</li> <li>Imp child</li> <li>Eve</li> </ul>
ndard progressive lenses mium progressive lenses tom progressive lenses rage savings of 30% on other lens ancements ry 24 months	\$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul> <li>Star</li> <li>Prer</li> <li>Cus</li> <li>Ave enh</li> <li>Eve</li> </ul>
D allowance for contacts; copay does apply tact lens exam (fitting and luation) ry 24 months	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$150 not</li> <li>Con eval</li> <li>Eve</li> </ul>
es and Sunglasses cover all current eyewear offers and sa	avings at <b>vsp.com</b> ,	/offers.	

#### **PROVIDER NETWORK:**

VSP Choice EFFECTIVE DATE:

01/01/2025



BENEFIT	DESCRIPTION	COPAY			
BUY UP PLAN Coverage with a VSP Provider					
WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 for exam and glasses Up to \$39			
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam			
PRESCRIPTION	GLASSES				
FRAME	<ul> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>Every 24 months</li> </ul>	Combined with exam			
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>	Combined with exam			
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175			
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$150 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			

/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

ADDITIONAL **Laser Vision Correction** SAVINGS • Average of 15% off the regular price; discounts available at contracted facilities. Exclusive Member Extras for VSP Members Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing\*. Visit vsp.com/offers/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.

#### COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

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. Your plan provides the following out-of-network reimbursements:

Examup to \$45	Lined Bifocal Lensesup to \$50	Progressive Lensesup to \$50
Frameup to \$70 Single Vision Lensesup to \$30	Lined Trifocal Lensesup to \$65	Contactsup to \$105

<sup>†</sup>Only 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.

+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. Premier Edge is not available for some members in the state of Texas.

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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