

Your Vision Benefits Summary

Get the best in eyecare and eyewear with NORTH RANCH BENEFITS TRUST and VSP[®] Vision Care.

Using your VSP benefit is easy.

- Register at vsp.com. Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you. The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, 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.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit **vsp.com** to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 01/01/2016 VSP Provider Network: VSP Choice

NRBT Choice Plan A \$0

| Lens Enhancements• Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 24 months\$150 - \$178Contacts (instead of glasses)• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.Extra SavingsRetinal Screening | Benefit | Description | Сорау | |
|---|----------------|--|---------------------------------------|--|
| Well/vision wellness \$0 Exam • Every 12 months \$0 Prescription Glasses • \$150 allowance for a wide selection of frames \$150 allowance for featured frame brands \$0 Frame • \$150 allowance for featured frame brands \$0 \$0 Lenses • Single vision, lined bifocal, and lined trifocal lenses \$0 Lenses • Standard progressive lenses \$0 Enhancements • Standard progressive lenses \$0 • Average savings of 20-25% on other lens \$150 - \$173 Contacts (instead of glasses) • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months Up to \$60 Stand and progressive lenses = including lens enhancements • Every 24 months • \$130 allowance for contacts; copay does not apply • Ontact lens exam (fitting and evaluation) • Every 24 months Up to \$60 glasses) • \$130 allowance for details. • \$20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Extra Savings • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffres for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <td></td> <td>Your Coverage with a VSP Provider</td> <td></td> | | Your Coverage with a VSP Provider | | |
| Frame• \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • Every 24 months\$0Lenses• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months\$0Lense• Standard progressive lenses • Premium progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 24 months\$150 - \$173Contacts (instead of glasses)• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Extra Savings• \$130 allowance for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.Extra Savings• No more than a \$39 copay on routine retinal screenin as an enhancement to a WellVision Exam.Extra Savings• No more than a \$39 copay on routine retinal screenin as an enhancement to a WellVision Exam.Extra Savings• No more than a \$39 copay on routine retinal screenin 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 | | wellness | \$O | |
| Frameframes \$170 allowance for featured frame brands 20% savings on the amount over your allowance Every 24 months\$0LensesSingle vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 24 months\$0Lens EnhancementsStandard progressive lenses Premium progressive lenses • Custom progressive lenses • Custom progressive lenses • Every 24 months\$0Contacts (instead of glasses)\$130 allowance for contacts; copay does not apply • Contact lense scan dynamic evaluation) • Every 24 monthsUp to \$60Contacts (instead of glasses)• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Frame• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Frame• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Frame• \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Frame• \$130 allowance for optical glasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.Extra Savings• No more than a \$39 copay on routine retinal screenin as an enhancement to a WellVision ExamLaser Vision Correction • Average 15% off the regul | Prescription G | ilasses | | |
| Lensestrifocal lenses\$0LensesPolycarbonate lenses for dependent children • Every 24 months\$0Lens EnhancementsStandard progressive lenses • Premium progressive lenses • Custom progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens • Every 24 months\$150 - \$175 \$150 - \$175Contacts (instead of glasses)\$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Contacts (instead of glasses)\$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 monthsUp to \$60Contacts (instead of glasses)\$120 o spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.Extra SavingsNo more than a \$39 copay on routine retinal screenin as an enhancement to a WellVision ExamLaser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from | Frame | frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance | \$0 | |
| Lens Enhancements• Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 24 months\$95 - \$105 \$150 - \$175Contacts | Lenses | trifocal lenses Polycarbonate lenses for dependent children | \$O | |
| Contacts (instead of glasses) does not apply Up to \$60 • Contact lens exam (fitting and evaluation) • Up to \$60 • Every 24 months Up to \$60 • Every 24 months Up to \$60 • Every 24 months • Every 24 months • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening • No more than a \$39 copay on routine retinal screenin 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 | | Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements | \$55 \$95 - \$105 \$150 - \$175 | |
| Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening No more than a \$39 copay on routine retinal screenin 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 | (instead of | does not applyContact lens exam (fitting and evaluation) | Up to \$60 | |
| Extra vsp.com/specialoffers for details. Savings 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 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 | | Glasses and Sunglasses | | |
| Savings Retinal Screening • No more than a \$39 copay on routine retinal screenin 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 | | vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider | | |
| Average 15% off the regular price or 5% off the promotional price; discounts only available from | | • No more than a \$39 copay on routine retinal screening | | |
| | | Average 15% off the regular price or 5% off the promotional price; discounts only available from | | |
| Your Coverage with Out-of-Network Providers | | Your Coverage with Out-of-Network Providers | | |

| Exam | up to \$45 | Lined Infocal Lens | esup to \$65 |
|-------------------|----------------|--------------------|--------------|
| Frame | up to \$70 | Progressive Lenses | sup to \$50 |
| Single Vision Len | sesup to \$30 | Contacts | up to \$105 |
| Lined Bifocal Len | isesup to \$50 | | |
| | | | |

VSP guarantees coverage from VSP network providers only. Based on applicable laws, benefits may vary by location.

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

¹Brands/Promotion subject to chang

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