



Your Vision Benefits Summary

Get the best in eyecare and eyewear with
NORTH RANCH BENEFIT TRUST -
VOLUNTARY 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 \$15/30 w \$150 allowance

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$15

Prescription Glasses		\$30
Frame	<ul style="list-style-type: none"> • \$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 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 24 months 	\$55 \$95 - \$105 \$150 - \$175

Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months 	Up to \$60
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Additional Coverage	• Primary Eyecare
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Extra Savings	Glasses and Sunglasses	
	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider		
Exam.....	up to \$45	Lined Trifocal Lenses.....up to \$65
Frame.....	up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses.....	up to \$30	Contacts.....up to \$105
Lined Bifocal Lenses.....	up to \$50	

VSP guarantees coverage from VSP network 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.

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 change.
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