



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 more! Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 01/01/2015

VSP Provider Network: VSP Choice

NRBT Choice Plan C \$15/0 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 for exam and glasses
Prescription Glasses		
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 12 months 	Combined with exam
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	Combined with exam
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 12 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 12 months 	Up to \$60
Additional Coverage	<ul style="list-style-type: none"> • Primary Eyecare 	
Extra Savings	<p>Glasses and Sunglasses</p> <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. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <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.

Brands/Promotion subject to change.
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