

# 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: 01/01/2015 VSP Provider Network: VSP Choice

NRBT Choice Plan A \$0

Benefit	Description	Copay
	Your Coverage with a VSP Provider	
WellVision Exam	Focuses on your eyes and overall wellness     Every 12 months	\$O

Prescription Glasses				
Frame	<ul> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every 24 months</li> </ul>	<b>\$</b> O		
Lenses	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every 24 months</li> </ul>	<b>\$</b> O		
Lens Enhancements	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every 24 months</li> </ul>	\$55 \$95 - \$105 \$150 - \$175		
Contacts (instead of glasses)	<ul> <li>\$130 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		

Glasses	and	Sunglasse	s

# · 20% savings on additional glasses and sunglasses.

vsp.com/specialoffers for details.

# including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

• Extra \$20 to spend on featured frame brands. Go to

### Extra Savings

#### **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 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

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

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