

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: 01/01/2015 VSP Provider Network: VSP Signature

NRBT Signature Plan A \$15

| Benefit | Description | Сорау |
|--|---|--------------------------------------|
| | Your Coverage with a VSP Provider | |
| WellVision Exam | Focuses on your eyes and overall wellness Every 12 months | \$15 for exam and glasses |
| Prescription G | lasses | |
| 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 | Combined with exam |
| Lenses | Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 24 months | Combined with exam |
| Lens Enhancements | Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every 24 months | \$50 \$80 - \$90 \$120 - \$160 |
| Contacts (instead of glasses) | \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 24 months | Up to \$60 |
| Additional Coverage | Primary Eyecare | |
| Extra Savings | Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% 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 contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | |
| ١ | Your Coverage with Out-of-Network Providers | |
| Visit vsp.com for VSP network pr Exam Frame Single Vision Ler | or details, if you plan to see a provider other th | up to \$100 up to \$75 |

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.

¹Brands/Promotion subject to change

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

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