

## Your Vision Benefits Summary

Get the best in eyecare and eyewear with NORTH RANCH BENEFIT TRUST -VOLUNTARY and VSP<sup>®</sup> 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<sup>1</sup>. 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 \$15/30 w \$150 allowance

| Benefit                             | Description  | Сорау                                  |  |
|-------------------------------------|--|--|--|
|                                     | Your Coverage with a VSP Provider  |  |  |
| WellVision<br>Exam                  | <ul> <li>Focuses on your eyes and overall<br/>wellness</li> <li>Every 12 months</li> </ul>   | \$15                                   |  |
| Prescription G                      | lasses   | \$30                                   |  |
| 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>  | Included in<br>Prescriptior<br>Glasses |  |
| Lenses                              | <ul> <li>Single vision, lined bifocal, and lined<br/>trifocal lenses</li> <li>Polycarbonate lenses for dependent<br/>children</li> <li>Every 24 months</li> </ul>  | Included in<br>Prescription<br>Glasses |  |
| Lens<br>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<br/>enhancements</li> <li>Every 24 months</li> </ul>  | \$55<br>\$95 - \$105<br>\$150 - \$175  |  |
| Contacts<br>(instead of<br>glasses) | <ul> <li>\$150 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                             |  |
| Additional<br>Coverage              | Primary Eyecare  |  |  |
|                                     | <ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. G vsp.com/specialoffers for details.</li> <li>20% savings on additional glasses and sunglass including lens enhancements, from any VSP prowithin 12 months of your last WellVision Exam.</li> </ul> |  |  |
| Extra<br>Savings                    | <ul> <li>Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening<br/>as an enhancement to a WellVision Exam</li> </ul>   |  |  |
|                                     | <ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the<br/>promotional price; discounts only available from<br/>contracted facilities</li> </ul>  |  |  |
|                                     | Your Coverage with Out-of-Network Providers  |  |  |
|                                     |  |  |  |

| Exam                 | up to \$45 | Lined Trifocal Lenses | up to \$65  |  |
|----------------------|------------|-----------------------|-------------|--|
| Frame                | up to \$70 | Progressive Lenses    | up to \$50  |  |
| Single Vision Lenses |            | 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.

<sup>1</sup>Brands/Promotion subject to chang

©2014 Vision Service Plan. All rights reserved. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands are trademarks or registered trademarks of their respective owners.