A Look at Your VSP Vision Coverage

With VSP and NORTH RANCH BENEFITS TRUST, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

PREMIER

Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.

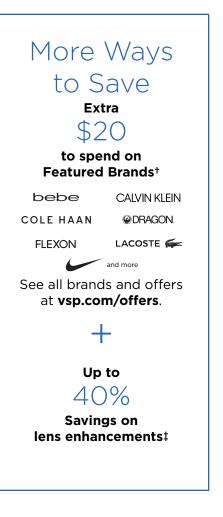
eyeconic[®] is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



vision care

Your VSP Vision Benefits Summary

North Ranch Benefits Trust and VSP provide you with an affordable vision plan (CHOICE C \$10/25 \$160/160 EO5). **PROVIDER NETWORK:**

EFFECTIVE DATE:

VSP Choice

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	 Focuses on your eyes and overall wellness 	\$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	S	\$25	
FRAME [*]	 \$180 featured frame brands allowance \$160 frame allowance 20% savings on the amount over your allowance \$90 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every 12 months
ENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
ENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD DF GLASSES)	\$160 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
/SP EASYOPTIONS [*] MEMBERS CAN CHOOSE ONE OF (HESE UPGRADES)	• An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance.	Included in Prescription Glasses	Every 12 months
IGHTCARE"**	 \$260 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$25	Every 12 months
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/off 20% savings on additional glasses and sunglasses, including lens e 12 months of your last WellVision Exam. 		m any VSP provider with
EXTRA SAVINGS	 Routine 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 		

online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements: Lined Bifocal Lenses up to \$50 Progressive Lenses up to \$50 Exam up to \$45 Frame up to \$70 Lined Trifocal Lensesup to \$65 Contacts up to \$105 Single Vision Lensesup to \$30

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. +Coverage with a retail chain may be different or not apply. VSP EasyOptions plan benefits are not available Walmart, Sam's Club, or Costco.

VSP guarantees member satisfaction from VSP 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

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