A Look at Your VSP Vision Coverage

With VSP and NORTH RANCH BENEFIT TRUST - VOLUNTARY, your health comes first.

> **vsp** vision care

Enroll in VSP[®] Vision Care to 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.

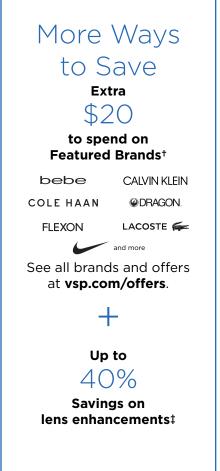
eyeconic[®] is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

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.

VSP EasyOptions

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.



Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

NORTH RANCH BENEFIT 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 | \$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 | | | | | | |
| LENSES | Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children | Included in Prescription Glasses | Every 12 months | | | | | | |
| LENS 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 OF GLASSES) | \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months | | | | | | |
| VSP EASYOPTIONS ⁺ (MEMBERS CAN CHOOSE ONE OF THESE 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 | | | | | | |
| LIGHTCARE™ | \$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/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider with 12 months of your last WellVision Exam. | | | | | | | | |
| 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 | | | | | | | | |

| With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and | | | | | | | |
|--|------------|-----------------------|------------|--------------------|-------------|--|--|
| online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements: | | | | | | | |
| Exam | up to \$45 | Lined Bifocal Lenses | up to \$50 | Progressive Lenses | up to \$50 | | |
| Frame | up to \$70 | Lined Trifocal Lenses | up to \$65 | Contacts | up to \$105 | | |
| Single Vision Lenses | up 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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