# A Look at Your VSP Vision Coverage

With VSP and ACTIVISION PUBLISHING, INC., your health comes first.



vsp.

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. vsp.

PREMIER With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.

Eyeconic<sup>®</sup> is the preferred VSP online retailer where eveconic you can shop in-network with your vision benefits.

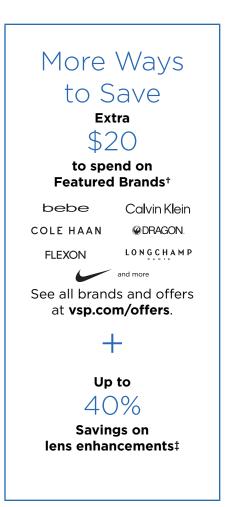
See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. 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

ACTIVISION PUBLISHING, INC. and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature EFFECTIVE DATE:



01/01/2024 BENEFIT DESCRIPTION COPAY FREQUENCY Your Coverage with a VSP Provider \$15 for exam Focuses on your eyes and overall wellness WELLVISION EXAM Every calendar year and glasses · Retinal screening for members with diabetes \$0 per screening Additional exams and services beyond routine care to treat \$20 per exam ESSENTIAL MEDICAL immediate issues from pink eye to sudden changes in vision or Available as needed EYE CARE 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. **PRESCRIPTION GLASSES** • \$170 featured frame brands allowance Combined with \$150 frame allowance **FRAME**<sup>+</sup> Every other calendar year 20% savings on the amount over your allowance exam \$80 Walmart<sup>®</sup>/Sam's Club<sup>®</sup>/Costco<sup>®</sup> frame allowance Single vision, lined bifocal, and lined trifocal lenses Combined with LENSES Every calendar year Impact-resistant lenses for dependent children ٠ exam Standard progressive lenses \$0 Anti-glare coating \$30 LENS ENHANCEMENTS Premium progressive lenses \$80 - \$90 Every calendar year Custom progressive lenses \$120 - \$160 Average savings of 40% on other lens enhancements CONTACTS (INSTEAD \$130 allowance for contacts; copay does not apply Up to \$60 Every calendar year OF GLASSES) Contact lens exam (fitting and evaluation) \$1000 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK LASER VISIONCARE Average 15% off the regular price or 5% off the promotional price; \$0 Once per lifetime PREFERRED PROGRAM discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor • Two exams that focus on your eye and overall wellness \$15 for exam and glasses **KIDSCARE (DEPENDENT** Same frame allowance and lens coverage as primary benefit Every calendar year CHILDREN ONLY) • Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) **Glasses and Sunglasses** Extra \$20 to spend on featured frame brands. Go to vsp.com/offers 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 **EXTRA SAVINGS** WellVision Exam. **Routine Retinal Screening** No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

YOUR COVERAGE GOES FURTHER IN-NETWORK

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 <b>vsp.com</b> to find an in-network provider. Your plan provides the following out-of-network reimbursements:		
Examup to \$5	0 Lined Bifocal Lensesup to \$75	Progressive Lensesup to \$75
Frameup to \$7	0 Lined Trifocal Lensesup to \$100	Contactsup to \$105
Single Vision Lensesup to \$5	0	

<sup>†</sup>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 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.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com

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