A Look at Your VSP Vision Coverage

With VSP and TriNet, your health comes first.

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.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

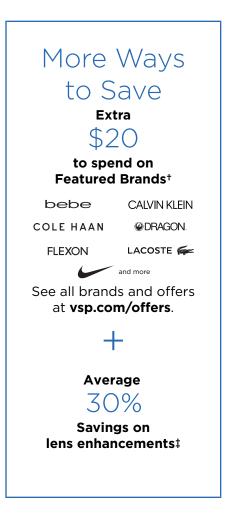


Quality vision care you need.

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 **trinet**

Your VSP Vision Benefits Summary

TriNet and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY			
VSP Vision Pla	n Coverage with a VSP Provider				
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every 12 months 	\$10			
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. Available as needed 	\$0 per screening \$20 per exam			
PRESCRIPTION	GLASSES	\$25			
FRAME	 \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$70 Walmart*/Sam's Club*/Costco* frame allowance Every 24 months 	Included in Prescription Glasses			
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses			
LENS ENHANCEMENTS	 Scratch-resistant coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$0 \$95 - \$105 \$150 - \$175			
CONTACTS (INSTEAD OF GLASSES)	 \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$O			
YOU <u>R CC</u>	YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS				
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: Progressive Lenses....up to \$65 Exam.....up to \$45 Frame.....up to \$47 Contacts.....up to \$105 Single Vision Lenses.....up to \$45 Lined Bifocal Lenses....up to \$65 Lined Trifocal Lenses...up to \$85

PROVIDER NETWORK:

VSP Choice EFFECTIVE DATE:

10/01/2023



BENEFIT	DESCRIPTION	COPAY		
VSP Vision Pl	us Plan Coverage with a VSP Provider			
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every 12 months 	\$10		
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. Available as needed 	\$0 per screening \$20 per exam		
PRESCRIPTION	GLASSES	\$25		
FRAME [*]	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$100 Walmart*/Sam's Club*/Costco* frame allowance Every 12 months 	Included in Prescription Glasses		
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses		
LENS ENHANCEMENTS	 Scratch-resistant coating UV protection Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$0 \$95 - \$105 \$150 - \$175		
CONTACTS (INSTEAD OF GLASSES)	 \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$0		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS				
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: Examup to \$50 Progressive Lensesup to \$75				

Examup to \$50	Progressive Lensesup to \$75
Frameup to \$75	Contactsup to \$200
Single Vision Lensesup to \$50	
Lined Bifocal Lensesup to \$75	
Lined Trifocal Lensesup to \$100	1

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 within 12 months of your last WellVision Exam.

EXTRA SAVINGS Routine Retinal Screening

•	No more than a \$39 copay or	n routine retinal screening a	as an enhancement to a WellVision Exam
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Laser Vision Correction

• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

*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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