### Your VSP Vision Benefits Summary

University Health Plans and VSP provide you with an affordable vision plan.

**VSP Effective Date:** 09/01/2022  
**VSP Enrollment Deadline:** 08/15/2022

#### Your Coverage with a VSP Provider

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>COPAY</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Once Every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
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</tbody>
</table>
| Frame | $170 featured frame brands allowance  
$150 frame allowance  
20% savings on the amount over your allowance | $25 | See frame and lenses |
| Lenses | Single vision, lined bifocal, and lined trifocal lenses  
Impact-resistant lenses for dependent children | Included in Prescription Glasses | Once Every 12 months |
| Lenses Enhancements | Standard progressive lenses  
Premium progressive lenses  
Custom progressive lenses  
Average savings of 30% on other lens enhancements | $95 - $105  
$150 - $175 | Once Every 12 months |
| Contacts (Instead of Glasses) | $150 allowance for contacts; copay does not apply  
Contact lens exam (fitting and evaluation) | Up to $60 | Once Every 12 months |
| Essential Medical Eye Care* | Retinal screening for members with diabetes  
Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. | $0  
$20 per exam | As needed |
| Extra Savings | 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. |  |
| 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. |  |

#### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

- 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

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

#### Eligibility
- Enrollee  
- Legal Spouse of Enrollee  
- Domestic Partner of Enrollee  
- Unmarried dependent up to age 19 or up to age 26 as a student

*Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.

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*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.

Classification: Restricted

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