

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SALESFORCE.COM AND VSP.



Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



CHOOSE YOUR PERFECT PAIR

VSP members get an extra \$20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.*

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO **40%**
TO SPEND ON SAVERINGS ON LENS
FEATURED FRAME BRANDS* ENHANCEMENTS

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SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



Enroll today.

Contact us: **800.877.7195** or vsp.com

*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.

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YOUR VSP VISION BENEFITS SUMMARY

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

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
Standard Coverage with a VSP Provider			Premium Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness KidsCare: Children have two, fully covered WellVision exams, if needed. Every calendar year 	\$10 for exam and glasses	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness KidsCare: Children have two, fully covered WellVision exams, if needed. Every calendar year 	\$10 for exam and glasses
PRESCRIPTION GLASSES			PRESCRIPTION GLASSES		
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance KidsCare: Provides repair, and if needed, replacement on broken frames Every calendar year 	Combined with exam	Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Costco® frame allowance KidsCare: Provides repair, and if needed, replacement on broken frames Every calendar year 	Combined with exam
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses KidsCare: Additional lenses for children are fully covered when needed. Minimum prescription change required. Every calendar year 	Combined with exam	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses KidsCare: Additional lenses for children are fully covered when needed. Minimum prescription change required. Every calendar year 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> Tints/Light-reactive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$50 \$80 - \$90 \$120 - \$160	Lens Enhancements	<ul style="list-style-type: none"> Tints/Light-reactive lenses Anti-glare coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$25 \$50 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
LASER VISIONCARE PREFERRED PROGRAM			ADDITIONAL PAIRS OF EYEWEAR		
Laser VisionCare Preferred Program	<ul style="list-style-type: none"> \$500 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor Once per lifetime 	\$0	Frame and Lenses	<ul style="list-style-type: none"> Same allowances as first pair frame and lenses Every calendar year 	\$0
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
PRIMARY EYECARE™	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details. 	\$0 \$20 per exam			
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details 30% savings on additional glasses and sunglasses, trifocal lenses 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 WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 				

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.

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 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.

Log in to vsp.com to find an in-network provider based on your plan type.