

## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM COUNTY OF ALAMEDA AND VSP.



Enroll in VSP® Vision Care to get personalized 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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to **eyeconic.com** and use your vision benefits to shop over 50 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®—a comprehensive exam designed to detect eye and health conditions.

#### 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.

#### NEW FOR 2022! 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. \$20 copay per exam, and no referral needed.

#### GET YOUR PERFECT PAIR

**EXTRA \$20** +  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

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

UP  
TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



**Enroll today.**

Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

## YOUR VSP VISION BENEFITS SUMMARY

COUNTY OF ALAMEDA 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 Choice

## EFFECTIVE DATE:

02/01/2022



BENEFIT	DESCRIPTION	COPAY
<b>PLUS PLAN COVERAGE WITH A VSP PROVIDER</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every February</li> </ul>	\$15 for exam and glasses
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco® frame allowance</li> <li>Every Other February</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every February</li> </ul>	Combined with exam
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every February</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts and contact lens exam (fitting &amp; evaluation)</li> <li>15% savings on a contact lens exam</li> <li>Every February</li> </ul>	\$0
<b>COMPUTER VISIONCARE WITH ANTI-REFLECTIVE COATING</b>		
<b>COMPUTER VISION EXAM</b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Every February</li> </ul>	\$15 for exam and glasses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$110 featured frame brands allowance</li> <li>\$90 frame allowance</li> <li>20% savings over your allowance</li> <li>Every other February</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every February</li> </ul>	
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every other February</li> </ul>	\$15
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>		
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 \$50 Frame ..... up to \$70 Single Vision Lenses ..... up to \$40 Lined Bifocal Lenses ..... up to \$60 Lined Trifocal Lenses ..... up to \$80 Progressive Lenses ..... up to \$60 Contacts ..... up to \$105		

BENEFIT	DESCRIPTION	COPAY
<b>PREMIUM PLAN COVERAGE WITH A VSP PROVIDER</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every February</li> </ul>	\$15 for exam and glasses
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$220 featured frame brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> <li>Every February</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every February</li> </ul>	Combined with exam
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Premium/Custom progressives lenses</li> <li>Anti-glare coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every February</li> </ul>	\$0 \$0 \$0 \$25 \$25
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting &amp; evaluation)</li> <li>15% savings on a contact lens exam</li> <li>Every February</li> </ul>	\$0
<b>COMPUTER VISIONCARE WITH ANTI-REFLECTIVE COATING</b>		
<b>COMPUTER VISION EXAM</b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Every February</li> </ul>	\$15 for exam and glasses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$110 featured frame brands allowance</li> <li>\$90 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every other February</li> </ul>	Combined with exam
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Every February</li> </ul>	
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every February</li> </ul>	\$15
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>		
NOTE: If you purchase a frame or lenses from a non VSP doctor you can no longer use your in-network benefit for a frame or lenses.		
Exam ..... up to \$50 Glasses (lenses & frame) ..... up to \$200 Or Contacts ..... up to \$200		

<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>
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Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://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.

\*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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