# A Look at Your VSP Vision Coverage

With VSP and BASS PRO SHOPS, your health comes first.



**YSD** 

Enroll in VSP<sup>®</sup> 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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge<sup>™</sup> location.



### Shop online and connect your benefits.

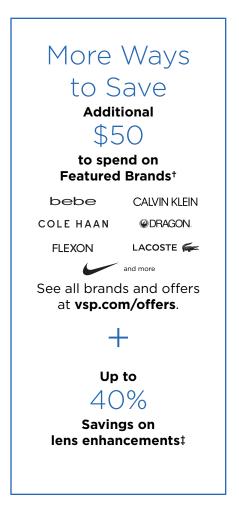
eyeconic<sup>®</sup> is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

#### 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.



Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com** 

## Your VSP Vision Benefits Summary

BASS PRO SHOPS 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	BENEFIT	DESCRIPTION	COPA		
	Base Coverage with a VSP Provider		Pi	remium Coverage with a VSP Provider			
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$O	WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$O		
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam		
PRESCRIPTION	GLASSES	\$25	PRESCRIPTION	GLASSES	\$25		
FRAME	<ul> <li>\$225 featured frame brands allowance</li> <li>\$225 Visionworks frame allowance on any frame</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$175 Walmart/Sam's Club frame allowance</li> <li>\$95 Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	FRAME	<ul> <li>\$250 featured frame brands allowance</li> <li>\$250 Visionworks frame allowance on any frame</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart/Sam's Club frame allowance</li> <li>\$110 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescriptio Glasses		
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescriptio Glasses		
LENS ENHANCEMENTS	<ul> <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 calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul> <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 calendar year</li> </ul>	\$0 \$95 - \$10! \$150 - \$17		
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60		
LIGHTCARE™	<ul> <li>\$175 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 calendar year</li> </ul>	\$25	LIGHTCARE™*	<ul> <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 calendar year</li> </ul>	\$25		
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$50 to spend on featured frame brands. Go to vsp.com/framebrands 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>						
	<ul> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retained</li> </ul>	tinal screening a	s an enhancement to	a WellVision Exam			
	Laser Vision Correction						

PROVIDER NETWORK:	
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VSP Choice EFFECTIVE DATE:

01/01/2025



_	BENEFIT	DESCRIPTION	COPAY
	Pr	remium Coverage with a VSP Provider	
	WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$O
	ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
	PRESCRIPTION	GLASSES	\$25
1	FRAME	<ul> <li>\$250 featured frame brands allowance</li> <li>\$250 Visionworks frame allowance on any frame</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$200 Walmart/Sam's Club frame allowance</li> <li>\$110 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
	LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
	LENS ENHANCEMENTS	<ul> <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 calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
	LIGHTCARE™	<ul> <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 calendar year</li> </ul>	\$25

Laser Vision Correction

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

#### 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 vsp.com to find an in-network provider.

#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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<sup>&</sup>lt;sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.