

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, which is part of our incredible network of doctors.

## Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where eyeconic 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®. 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.



More Ways to Save

Extra

to spend on Featured Brands†

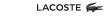
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**CALVIN KLEIN** 

COLE HAAN

@DRAGON.

FLEXON





See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements‡

# Your VSP Vision Benefits Summary

**EXTRA SAVINGS** 

Routine Retinal Screening

**Laser Vision Correction** 

CITY OF NORTH PLATTE 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:

04/01/2023



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY	
Standard Protec Coverage with a VSP Provider			Premi	Premium Protec Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness     Every 12 months	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellness     Every 12 months	\$10	
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 <sup>*</sup>	\$170 featured frame brands allowance     \$150 frame allowance     20% savings on the amount over your allowance     \$150 Walmart*/Sam's Club* frame allowance     \$80 Costco* frame allowance     Every 12 months	Included in Prescription Glasses	FRAME*	\$170 featured frame brands allowance     \$150 frame allowance     20% savings on the amount over your allowance     \$150 Walmart*/Sam's Club* frame allowance     \$80 Costco* frame allowance     Every 12 months	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 12 months</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 12 months</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 12 months</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul> <li>Progressive lenses</li> <li>Anti-glare coating</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$0 \$0 \$0	
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every 12 months	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply     Contact lens exam (fitting and evaluation)     Every 12 months	Up to \$60	
LIGHTCARE™	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts     Every 12 months	\$25	LIGHTCARE™	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts     Every 12 months	\$25	
PROTEC SAFET	Y* (EMPLOYEE-ONLY COVERAGE)		DROTEC SAFET	Y* (EMPLOYEE-ONLY COVERAGE)		
FRAME <sup>*</sup>	<ul> <li>Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear* collection</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every 12 months</li> </ul>	\$0	FRAME*	Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear* collection Certified according to the American National Standards Institute (ANSI) guidelines for impact protection Every 12 months	\$0	
LENSES	<ul> <li>Prescription single vision, lined bifocal, and lined trifocal</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every 12 months</li> </ul>	\$0	LENSES	<ul> <li>Prescription single vision, lined bifocal, and lined trifocal</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every 12 months</li> </ul>	\$0	
	Glasses and Sunglasses  Extra \$20 to spend on featured frame br  20% savings on additional glasses and su			s. ts, from any VSP provider within 12 months o	f your last	

• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam