

# A Look At Your VSP Vision Coverage

With VSP and OEGB, your health comes first.



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, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

	Preferred private practice and retail in-network choices
	private practice doctors
	Visionworks

### 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](http://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

An Additional

\$50

to spend on

Featured Frame Brands†

bebe	CALVIN KLEIN
COLE HAAN	FLEXON
LACOSTE 	
NINE WEST <small>BY WEARE</small>	

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

Up to

40%

Savings on  
lens enhancements‡

Enroll through your employer today.  
Contact us: **800.877.7195** or [oebb.vspforme.com](http://oebb.vspforme.com)

# Your VSP Vision Benefits Summary

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

## OEBB Plan Options

### Provider Network:

VSP Choice



BENEFIT	DESCRIPTION	COPAY
<b>VSP CHOICE PLUS PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$350 Featured Frame Brands allowance</li> <li>\$300 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$165 Walmart/Sam's Club/Costco frame allowance</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<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>Anti-glare coating</li> <li>Impact-resistant lenses</li> <li>Scratch-resistance coating</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$15 \$15 \$0 \$0 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$300 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$300 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 12 months</li> </ul>	\$20
<b>VISION THERAPY</b>	<ul style="list-style-type: none"> <li>You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify.</li> </ul>	

BENEFIT	DESCRIPTION	COPAY
<b>VSP CHOICE PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$200 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<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 12 months</li> </ul>	Included in Prescription Glasses
<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>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 \$95 - \$105 \$150 - \$175 \$0 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$150 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 12 months</li> </ul>	\$20
<b>VISION THERAPY</b>	<ul style="list-style-type: none"> <li>You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify.</li> </ul>	

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>
	<b>Laser Vision Correction</b>
	<b>Exclusive Member Extras</b>

†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.  
 \*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.