Get access to the best in eye care and eyewear with Adobe Systems - Plus Plan and VSP® Vision Care.

Why enroll in VSP? As a member, you’ll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You’ll like what you see with VSP.

• **Value and Savings.** You’ll enjoy more value and low out-of-pocket costs.
• **High Quality Vision Care.** You’ll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
• **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it’s easy to find the in-network doctor who’s right for you.
• **Great Eyewear.** It’s easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

• **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
• **Find an eye doctor who’s right for you.** Visit vsp.com or call 800.877.7195.
• **At your appointment, tell them you have VSP.** There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP’s preferred online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. 800.877.7195
vsp.com

Life is better in focus.
Adobe Systems - Plus Plan and VSP provide you with an affordable eyecare plan.

**VSP Coverage Effective Date:** 01/01/2019

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<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
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<td><strong>Your Coverage with a VSP Provider</strong></td>
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| **WellVision Exam** | • Focuses on your eyes and overall wellness  
• Retinal screening | $0  
$25 | Every 12 months |
| **Prescription Glasses** | | | |
| **Frame** | • $250 allowance for a wide selection of frames  
• $270 allowance for featured frame brands  
• 20% savings on the amount over your allowance  
• $135 Costco® frame allowance | $0 | Every 12 months |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses  
• Polycarbonate lenses for dependent children | $0 | Every 12 months |
| **Lens Enhancements** | • Progressive lenses  
• Anti-reflective coating  
• Average savings of 35-40% on other lens enhancements | $0  
$35 | Every 12 months |
| **Contacts (instead of glasses)** | • $200 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every 12 months |
| **Additional Pairs of Eyewear** | | | |
| **Frame** | • $250 allowance for a wide selection of frames  
• $270 allowance for featured frame brands  
• 20% savings on the amount over your allowance  
• $135 Costco® frame allowance | $0 | Every 12 months |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses  
• Polycarbonate lenses for dependent children | $0 | Every 12 months |
| **Contacts (instead of glasses)** | • $200 allowance for additional contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every 12 months |
| **Suncare** | • Diabetic Eyecare Plus Program | | |
| **Glasses and Sunglasses** | • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.  
• 30% savings on additional glasses and sunglasses, 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. | | |
| **Laser Vision Correction** | • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| **Your Coverage with Out-of-Network Providers** | | | |
| Exam | up to $50 | Lined Bifocal Lenses | up to $75  
Progressive Lenses | up to $85 |
| Frame | up to $70 | Lined Trifocal Lenses | up to $100  
Contacts | up to $150 |
| Single Vision Lenses | up to $50 | | |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

**Contact us. 800.877.7195 | vsp.com**

1. Brands/Promotion subject to change.
2. Savings based on network doctor’s retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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