

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM ADOBE INC. AND VSP.



Enroll in VSP® Vision Care to get personalized eye 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



### 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 signs of other health conditions.

### 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

## 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](http://VSP.COM/OFFERS).

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



**Enroll today.**

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

\*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.

## YOUR VSP VISION BENEFITS SUMMARY

Adobe Inc., 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 Signature

## EFFECTIVE DATE

01/01/2022



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
<b>BASIC PLAN COVERAGE WITH A VSP PROVIDER</b>			<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 calendar year</li> </ul>	\$0	<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$0
<b>PRESCRIPTION GLASSES</b>			<b>PRESCRIPTION GLASSES</b>		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 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 other calendar year</li> </ul>	\$0	<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$270 featured frame brands allowance</li> <li>\$250 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$135 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every calendar year</li> </ul>	\$0
<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 calendar year</li> </ul>	\$0	<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 calendar year</li> </ul>	\$0
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$80 - \$90 \$120 - \$160	<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$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 calendar year</li> </ul>	Up to \$60	<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$250 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
<b>ADDITIONAL PAIRS OF EYEWEAR</b>			<b>ADDITIONAL PAIRS OF EYEWEAR</b>		
<b>LIGHTCARE™</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 calendar year</li> </ul>	\$0	<b>FRAME AND LENSES</b>	<ul style="list-style-type: none"> <li>Same allowances as first pair frame and lenses</li> <li>Every calendar year</li> </ul>	\$0
<b>RETINAL SCREENING</b>	<ul style="list-style-type: none"> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> <li>Every calendar year</li> </ul>	No more than \$39	<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$250 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
			<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$250 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>	\$0
			<b>RETINAL SCREENING</b>	<ul style="list-style-type: none"> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> <li>Every calendar year</li> </ul>	\$25
<b>DIABETIC EYECARE PLUS PROGRAM™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$0 \$20 per exam			
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <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>30% savings on additional glasses and sunglasses, trifocal lenses 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.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>				

## YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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 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.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.