

# SEE HEALTHY AND LIVE HAPPY WITH HELP FROM EVRAZ NORTH AMERICA (BARGAINED) AND VSP. Vision Care



# **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.



Visionworks

### GET MORE WITH PREMIER.

**EVRAZ** 

The Premier Program includes thousands of **private practice doctors**—and now over 700 **Visionworks** retail locations nationwide. Log in to **vsp.com** to confirm in-network locations based on your plan type.

# **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 health conditions.



## YOUR VSP VISION BENEFITS SUMMARY

EVRAZ NORTH AMERICA (Bargained) and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:** 

VSP Signature







| BENEFIT                           | DESCRIPTION   | COPAY                                  | FREQUENCY            |  |
|-----------------------------------|---|--|----------------------|--|
| YOUR COVERAGE WITH A VSP PROVIDER |   |  |                      |  |
| WELLVISION EXAM                   | Focuses on your eyes and overall wellness   | \$10                                   | Every 12 months      |  |
| PRESCRIPTION GLASSES              |   | \$20                                   | See frame and lenses |  |
| FRAME                             | <ul> <li>\$250 allowance for a wide selection of frames</li> <li>\$140 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>  | Included in<br>Prescription<br>Glasses | Every 12 months      |  |
| LENSES                            | <ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>   | Included in<br>Prescription<br>Glasses | Every 12 months      |  |
| LENS ENHANCEMENTS                 | <ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>   | \$50<br>\$80 - \$90<br>\$120 - \$160   | Every 12 months      |  |
| CONTACTS (INSTEAD<br>OF GLASSES)  | <ul> <li>\$250 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>  | <b>\$</b> O                            | Every 12 months      |  |
| EXTRA SAVINGS                     | <ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>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.</li> </ul> |  |                      |  |
| EXTRA SAVINGS                     | <ul> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>  |  |                      |  |
|                                   | <ul> <li>Laser Vision Correction</li> <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.

| Examup to \$45                 | Lined Bifocal Lensesup to \$65  | Progressive Lensesup to \$85 |
|--------------------------------|---------------------------------|------------------------------|
| Frameup to \$50                | Lined Trifocal Lensesup to \$85 | Contactsup to \$250          |
| Single Vision Lensesup to \$45 |                                 |                              |

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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** to find an in-network provider based on your plan type.

\*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.