

Your Vision Benefits Summary



Get the best in eye care and eyewear with PRODUCERS HEALTH BENEFITS PLAN and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider. To find a VSP provider, 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.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

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 more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2017
VSP Provider Network: VSP Choice

PRODUCERS HEALTH BENEFITS PLAN and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.

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| Benefit | Description | Copay |
|---|--|---|
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months | \$10 |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> • \$200 allowance for a wide selection of frames • \$220 allowance for featured frame brands • 20% savings on the amount over your allowance • \$110 Costco® frame allowance • Every 12 months | Included in Prescription Glasses |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months | Included in Prescription Glasses |
| Lens Enhancements | <ul style="list-style-type: none"> • Tints/Photochromic • Anti-Reflective Coating • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every 12 months | \$0 \$0 \$55 \$95 - \$105 \$150 - \$175 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • \$200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months | Up to \$60 |
| Diabetic Eyecare Plus Program | <ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed | \$20 |
| Extra Savings | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • 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 | | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP network provider. | | |
| Exam | up to \$45 | Lined Trifocal Lenses |
| Frame | up to \$70 | Progressive Lenses |
| Single Vision Lenses | up to \$30 | Contacts |
| Lined Bifocal Lenses | up to \$50 | up to \$105 |
| 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. | | |