



A LOOK AT YOUR CHILD'S VISION COVERAGE

GET ACCESS TO THE BEST IN EYE CARE AND EYEWEAR WITH FRIDAY HEALTH PLANS AND VSP VISION CARE.



VSP® Vision Care provides personalized eye care for your child from a VSP network doctor.

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.

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.

COVERAGE FOR YOUR KIDS.

Many states require children to get an eye exam before kindergarten. Use your VSP benefits for a fully covered eye exam, lenses, and frames the Otis & Piper™ Eyewear collection, or contacts to help them succeed in school.

USING YOUR BENEFIT IS EASY!

Create an account on vsp.com to view your child's in-network coverage, find the pediatric eye doctor who's right for them, and discover additional savings with Exclusive Member Extras. At their appointment show your health plan I.D. and tell them you have VSP—that's it!

Contact us: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2022



| Benefit | Description | Copay | Frequency |
|--------------------------------------|---|-------------------|---------------------|
| Coverage with a VSP Choice Provider | | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your child's eye health and overall wellness. Tests for childhood vision issues, like nearsightedness, lazy eye, and cross-eye. | \$0 | Every calendar year |
| PRESCRIPTION GLASSES | | | |
| Frame | <ul style="list-style-type: none"> Frames from our exclusive Otis & Piper Eyewear Collection. | \$0 | Every calendar year |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses. | \$0 | Every calendar year |
| Lens Enhancements | <ul style="list-style-type: none"> Impact-resistant lenses Scratch-resistant coating UV protection | \$0 \$0 \$0 | Every calendar year |
| Contacts (instead of Glasses) | <ul style="list-style-type: none"> Contact lens exam and minimum three-month supply of contact lenses are fully covered. Standard (one pair annually) Monthly (six-month supply) Bi-weekly (three-month supply) Dailies (three-month supply) | \$0 | Every calendar year |
| EXTRA SAVINGS | Glasses and Sunglasses <ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. | | |
| | Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | | |

Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between 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.