

# Your VSP Vision Benefits Summary



## You'll like what you see with VSP.

The State of Rhode Island and VSP provide you with a choice of affordable vision plans—choose the plan that's right for you. 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.

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

### Anchor Vision VSP Provider Network: VSP Choice

| Benefit                                  | Description   | Copay   |
|--|---|---|
| <b>Your 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>Prescription Glasses</b>              |   | \$30  |
| <b>Frame</b>                             | <ul style="list-style-type: none"> <li>\$100 allowance for a wide selection of frames</li> <li>\$120 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>   | Included in Prescription Glasses                    |
| <b>Lenses</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses                    |
| <b>Lens Enhancements</b>                 | <ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Tints &amp; Photochromic lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul> | \$0<br>\$0<br>\$55<br>\$95 - \$105<br>\$150 - \$175 |
| <b>Contacts (instead of glasses)</b>     | <ul style="list-style-type: none"> <li>\$30 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$30  |

### Anchor Vision Plus VSP Provider Network: VSP Choice

| Benefit                                  | Description   | Copay   |
|--|---|---|
| <b>Your 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>Prescription Glasses</b>              |   | \$30  |
| <b>Frame</b>                             | <ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>   | Included in Prescription Glasses                    |
| <b>Lenses</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses                    |
| <b>Lens Enhancements</b>                 | <ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Tints &amp; Photochromic lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul> | \$0<br>\$0<br>\$55<br>\$95 - \$105<br>\$150 - \$175 |
| <b>Contacts (instead of glasses)</b>     | <ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>   | Up to \$30  |

|                      |                                |
|----------------------|--------------------------------|
| <b>Extra Savings</b> | <b>Glasses and Sunglasses</b>  |
|                      | <b>Retinal Screening</b>       |
|                      | <b>Laser Vision Correction</b> |

• Extra \$20 to spend on featured frame brands. Go to [vsp.com/specialoffers](http://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.  
 • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam  
 • 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

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

Contact us. [800.877.7195](tel:800.877.7195) | [vsp.com](http://vsp.com)

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.

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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