



# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM KEYBANK AND VSP.



VSP® Vision Care provides you personalized eye care at VSP network locations with low, or no out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care, and take advantage of additional offers and rebates with Exclusive Member Extras.

### PROVIDER CHOICES AND PREMIER SAVINGS.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and out-of-pocket 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!

Once enrolled, create an account on **vsp.com** to view your in-network coverage, find the VSP network location that's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

## GET YOUR PERFECT PAIR

**ADDITIONAL \$50** + **UP TO 40%**  
 TO SPEND ON **FEATURED FRAME BRANDS\*** | **SAVINGS ON LENS ENHANCEMENTS**

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 LACOSTE NINE WEST

Contact us: **800.877.7195** or **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

KeyBank and VSP provide you with an affordable vision plan to maximize your coverage. Get the most out of your benefits with low, or no out-of-pocket costs when you visit a VSP network doctor or Premier Program location.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY WITH PREMIER PROGRAM PROVIDERS	COPAY WITH OTHER VSP NETWORK PROVIDERS
<b>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>	<b>\$0</b>	\$10
<b>ROUTINE 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>	<b>\$0</b>	Up to \$39
<b>PRESCRIPTION GLASSES</b>		<b>\$0</b>	<b>\$0</b>
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 frame allowance*</li> <li>\$200 featured frame brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	Included in Prescription Glasses
<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>	Included in Prescription Glasses	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Impact-resistant lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175	\$0 \$0 \$95 - \$105 \$150 - \$175
<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 \$40	Up to \$40
<b>VSP PRIMARY EYECARE PLAN™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>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	\$0 \$20 per exam
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>For information about featured frame brands, visit <a href="http://vsp.com/framebrands">vsp.com/framebrands</a>.</li> <li>40% savings on additional pairs of prescription glasses from same VSP Network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP network doctor.</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> </ul>		

### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings at a VSP Premier Program location. Call Member Services for out-of-network plan details at **800.877.7195**.

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.

\*Includes frame allowance for Walmart\*/Sam's Club\*/Costco\*.

Classification: Restricted

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