

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM COUNTY OF SOLANO AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

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.

GET YOUR PERFECT PAIR EXTRA \$20 + TO SPEND ON FEATURED FRAME BRANDS* Debe CALVINKLEIN COLE HAAN FLEXON LACOSTE NINE WEST SEE MORE BRANDS AT VSP.COM/OFFERS.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

YOUR VSP VISION BENEFITS SUMMARY

COUNTY OF SOLANO and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Signature



01/01/2022



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
BASE PLAN COVERAGE WITH A VSP PROVIDER			BUY-UP PLAN COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	Focuses on your eyes and overall wellness Every 12 months	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellness Every 12 months	\$10
PRESCRIPTION GLASSES \$25		\$25	PRESCRIPTION GLASSES		
FRAME	 \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance Every 24 months 	Included in Prescription Glasses	FRAME	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance Every 12 months	\$0
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 24 months 	Included in Prescription Glasses	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months	\$0
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every 24 months 	\$0 \$80 - \$90 \$120 - \$160	LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 24 months	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months	Up to \$60
PRIMARY EYECARE SM	Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.	\$0 \$20 per exam	PRIMARY EYECARE SM	Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.	\$0 \$20 per exam
EXTRA SAVINGS	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 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. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor				

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.

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.

*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.

Classification: Restricted