

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PRINCE GEORGE'S COUNTY 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.



Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

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* bebe CALVINKLEIN COLE HAAN FLEXON LACOSTE NINE WEST SEE MORE BRANDS AT VSP.COM/OFFERS.

MORE EYEWEAR CHOICES

Prefer to shop online? Get contacts, glasses and sunglasses on Eyeconic® — the VSP authorized online retailer.

YOUR VSP VISION BENEFITS SUMMARY

PROVIDER NETWORK:

VSP Signature



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

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
BASE COVERAGE WITH A VSP PROVIDER BUY UP COVERAGE WITH A VSP PROVIDER					
WELLVISION EXAM	Focuses on your eyes and overall wellness Every calendar year	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellness Every calendar year	\$10
PRESCRIPTION GLASSES		\$10	PRESCRIPTION GLASSES		\$10
FRAME	\$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year	Included in Prescription Glasses	FRAME	\$250 allowance for a wide selection of frames \$270 allowance for featured frame brands 20% savings on the amount over your allowance \$135 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year	Included in Prescription Glasses
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year	\$0 \$80 - \$90 \$120 - \$160	LENS ENHANCEMENTS	 Progressive lenses Anti-glare coating Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$10
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	\$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60
DIABETIC EYECARE PLUS PROGRAM	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.	\$20	DIABETIC EYECARE PLUS PROGRAM	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.	\$20
EXTRA SAVINGS	WellVision Exam. Or get 20% from any \	unglasses, includ /SP provider with	ing lens enhancement iin 12 months of your	ts, from the same VSP provider on the same last WellVision Exam.	day as your

· 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.

• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Examup to \$55	Lined Bifocal Lensesup to \$75	Progressive Lensesup to \$75
Frameup to \$70	Lined Trifocal Lensesup to \$100	Contactsup to \$150
Single Vision Lensesup to \$50		

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. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. 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.