

# A Look at Your VSP Vision Coverage

With VSP and Tri-State Teamsters,  
your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

## 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

## Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## Using your benefit is easy!

Create an account on [vsp.com](https://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. **When you make your appointment, let the provider know you have VSP.**

## Create Your VSP Member Account

You get the most out of your vision benefits when you log in. Create your VSP® member account to:

- See personalized benefits information
- View your claim history
- Find an in-network provider near you
- Access more than \$3,000 in savings with VSP Exclusive Member Extras and more!

Visit [vsp.com](https://vsp.com) to create your member account today!

**vsp.**  
vision care



## More Ways to Save

An additional  
**\$20**  
to spend on  
**Featured Frame Brands†**

bebe CALVIN KLEIN

COLE HAAN

FLEXON LACOSTE

and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to  
**30%**  
Savings on  
**lens enhancements‡**

Create an account today.

Contact us: **800.877.7195** or [vsp.com](https://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.

\*Coverage with a retail chain may be different or not apply.

\*\*Second pair benefit: This enhancement allows you to get a second pair of glasses or contacts.

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington.

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All other brands or marks are the property of their respective owners. 106120 VCCM

# Your VSP Vision Benefits Summary

Tri-State Teamsters and VSP provide you with an affordable vision plan.

**Provider Network:**

VSP Choice

**Effective Date:**

04/01/2023



BENEFIT	DESCRIPTION	COPAY
<b>MEMBER AND SPOUSE PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$0
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$0		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$300 frame allowance</li> <li>\$320 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every 24 months</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>Impact-resistant lenses</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard/Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Tints and UV coatings</li> <li>Light-reactive lenses</li> <li>Avg savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$150 - \$175 \$0 \$0
<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 12 months</li> </ul>	Up to \$35

BENEFIT	DESCRIPTION	COPAY
<b>DEPENDENT CHILDREN PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every 12 months</li> </ul>	\$0
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$0		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$300 frame allowance</li> <li>\$320 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every 12 months</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>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$95 - 105 \$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 12 Months</li> </ul>	Up to \$35

**\* SECOND PAIR BENEFIT - MEMBER & SPOUSE ONLY**

<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$175 frame allowance</li> <li>\$195 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	\$25 copay for frame	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, Standard progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$15 copay for lenses	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$35 copay	Every 12 months

<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Routine Retinal Screening</b>	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>
	<b>Laser Vision Correction</b>	<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>