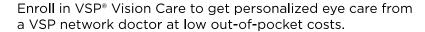


# GET ACCESS TO THE BEST IN EYE CARE AND EYEWEAR WITH UNIVERSITY OF NORTH **ALABAMA AND VSP VISION CARE.**







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 or retail chain. 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**

TO SPEND ON FEATURED FRAME BRANDS\*

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SEE MORE BRANDS AT VSP.COM/OFFERS.



**ENHANCEMENTS** 





### **VSP EASYOPTIONS**

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

## YOUR VSP VISION BENEFITS SUMMARY

BENEFIT

UNIVERSITY OF NORTH ALABAMA and VSP provide you with an affordable vision plan.

DESCRIPTION

PROVIDER NETWORK: VSP Choice EFFECTIVE DATE: 03/01/2020

COPAY



**FREQUENCY** 

BENEFII	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WellVision Exam	Focuses on your eye health and overall wellness	\$20	Every 12 months
PRESCRIPTION GLA	SSES	\$20	See frames and lenses
Frame	<ul> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart<sup>®</sup>/Sam's Club/Costco<sup>®</sup></li> </ul>	Included with Prescription Glasses	Every 12 months
Lenses	<ul><li>Single vision, lined bifocal, lined trifocal lenses</li><li>Polycarbonate lenses for dependent children</li></ul>	Included with Prescription Glasses	Every 12 months
Lens Enhancements	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> </ul>	\$0 \$95 – \$105 \$150 – \$175	Every 12 months
Contacts (instead of Glasses)	<ul> <li>\$200 allowance for contacts; Copay does not apply</li> <li>Contacts lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<ul> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating.</li> <li>Every 12 months</li> </ul>			
VSP Primary Eyecare	<ul> <li>As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details</li> </ul>	\$20	As needed
Extra Savings	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers 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> <li>Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		
Your Monthly Contribution \$14.48 Member Only \$20.99 Member + One \$37.63 Member + Family			

# 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 participating retail chains may be different. EasyOptions Plan Benefits are not available at Walmart®/Sam's Club/Costco®. Once your benefit is effective, visit vsp.com for details. 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.