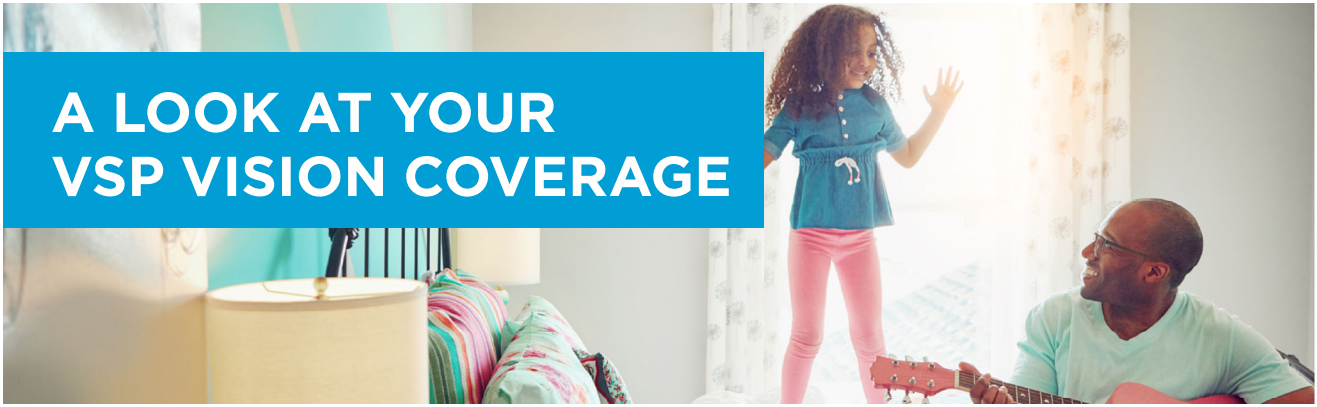


# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM OKLAHOMA STATE UNIVERSITY AND A&M COLLEGES AND VSP.



Enroll in VSP® Vision Care to get personalized eye 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 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.

### 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.

## GET YOUR PERFECT PAIR

# EXTRA \$50 +

TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).

UP TO **25%**  
SAVINGS ON LENS  
ENHANCEMENTS



## Enroll today.

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

## YOUR VSP VISION BENEFITS SUMMARY

Oklahoma State University and A&M Colleges and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to EasyOptions to give your eyes extra love.

### PROVIDER NETWORK:

Choice

### EFFECTIVE DATE:

01/01/2020



Benefit	Description	Copay	Benefit	Description	Copay
<b>Choice Base Plan</b> Coverage with a VSP Provider			<b>Choice Buy-Up with EasyOptions 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>Every calendar year</li> </ul>	\$10	<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>	\$10
<b>PRESCRIPTION GLASSES</b>		\$25	<b>PRESCRIPTION GLASSES</b>		\$25
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$200 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<b>Frame</b>	<ul style="list-style-type: none"> <li>\$180 allowance for a wide selection of frames</li> <li>\$230 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$100 Costco frame allowance</li> <li>Every calendar year</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 calendar year</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 calendar year</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 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	<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 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	<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 \$50
			<b>VSP EasyOptions (choose one of these upgrades)</b>	<ul style="list-style-type: none"> <li>An additional \$70 frame allowance, or fully covered premium progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance</li> </ul>	
<b>Diabetic Eyecare Plus Program™</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible employees with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>				\$20
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details</li> <li>40% savings on additional pairs of glasses and sunglasses from the same VSP provider who performed your WellVision exam or 20% savings on glasses/sunglasses including lens enhancements, from any VSP provider within 12 months of WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <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> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities</li> </ul>				
<b>YOUR MONTHLY CONTRIBUTION</b>		Base Plan			Buy-Up Plan
<ul style="list-style-type: none"> <li>Member Only</li> <li>Member + Spouse</li> <li>Member + Children</li> <li>Member + Family</li> </ul>		\$5.98 \$11.98 \$12.82 \$20.48	<ul style="list-style-type: none"> <li>Member Only</li> <li>Member + Spouse</li> <li>Member + Children</li> <li>Member + Family</li> </ul>		\$10.70 \$21.42 \$22.92 \$36.62
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>					
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. EasyOptions Plan Benefits are not available at Walmart or Costco. 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.					

\*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.