

YOUR VSP VISION BENEFITS SUMMARY

RIVERSIDE COMMUNITY COLLEGE DISTRICT 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:



| BENEFIT | DESCRIPTION | COPAY |
|---|--|--------------------------------------|
| MATERIALS ONLY COVERAGE WITH A VSP PROVIDER | | |
| PRESCRIPTION GLASSES | | |
| FRAME | <ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart*/Sam's Club*/Costco* frame allowance Every 24 months | Combined with exam |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months | Combined with exam |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months | \$0 \$95 - \$105 \$150 - \$175 |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months | Up to \$60 |
| DIABETIC EYECARE PLUS PROGRAMSM | <ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details. | \$0 \$20 per exam |
| 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. | | |
| Frame up to \$70 Single Vision Lenses up to \$30 Lined Bifocal Lenses up to \$50 Lined Trifocal Lenses up to \$65 Progressive Lenses up to \$50 Contacts up to \$105 | | |

| BENEFIT | DESCRIPTION | COPAY |
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| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months | \$20 for exam and glasses |
| PRESCRIPTION GLASSES | | |
| FRAME | <ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart*/Sam's Club*/Costco* frame allowance Every 24 months | Combined with exam |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months | Combined with exam |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months | \$0 \$95 - \$105 \$150 - \$175 |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months | Up to \$60 |
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| 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. | | |
| Exam up to \$45 Frame up to \$70 Single Vision Lenses up to \$30 Lined Bifocal Lenses up to \$50 Lined Trifocal Lenses up to \$65 Progressive Lenses up to \$50 Contacts up to \$105 | | |

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| EXTRA SAVINGS | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities |
| <p>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. 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.</p> | |

*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.

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