A Look At Your VSP Vision Coverage

With VSP and OEBB, your health comes first.

vision care

Enroll in VSP[®] Vision Care to 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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™location.



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 to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

\$50 to spend on Featured Frame Brands⁺

More Ways

to Save

An Additional

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FLEXON

NINE WEST See all brands and offers at vsp.com/offers.

Up to

40% Savings on lens enhancements‡

Enroll through your employer today. Contact us: 800.877.7195 or oebb.vspforme.com

Your VSP Vision Benefits Summary

OEBB 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
VSP CI	HOICE PLUS PLAN Coverage with a VSP Prov	ider	VSP	CHOICE PLAN Cove
WELLVISION EXAM	 Focuses on your eyes and overall wellness Routine retinal screening Every plan year 	\$10 Up to \$39	WELLVISION EXAM	 Focuses on yc overall wellnes Routine retina Every plan yea
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	 Retinal imagin with diabetes Additional exa routine care to from pink eye in vision or to conditions suc eye disease, g Coordination v coverage may network docto Available as net
PRESCRIPTION GLASSES \$20			PRESCRIPTION GLASSES	
FRAME ⁺	 \$350 Featured Frame Brands allowance \$300 frame allowance 20% savings on the amount over your allowance \$165 Walmart/Sam's Club/Costco frame allowance Every plan year 	Included in Prescription Glasses	FRAME ⁺	 \$200 Featured Brands allowar \$150 frame allowar 20% savings of over your allow \$80 Walmart/ frame allowan Every plan yea
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Everyplan year Standard progressive lenses 	Included in Prescription Glasses \$0	LENSES	 Single vision, l and lined trifo Impact-resista dependent chi
LENS ENHANCEMENTS	 Premium progressive lenses Custom progressive lenses Anti-glare coating Impact-resistant lenses 	\$15 \$15 \$15 \$0 \$0 \$0 \$0	LENS ENHANCEMENTS	 Every plan yea Standard prog Premium prog Custom progr Scratch-resist UV protection Average savin lens enhancen Every plan yea
CONTACTS (INSTEAD OF GLASSES)	 \$300 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	 \$150 allowanc does not apply Contact lens e evaluation) Every plan year
VSP LIGHTCARE ^{#*}	 \$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every plan year 	\$20	VSP LIGHTCARE [*]	 \$150 allowanc non-prescripti made non-pre filtering glasse glasses or con Every plan year
VISION THERAPY	 You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify. 		VISION THERAPY	 You get a fully 75% off approvide to the second seco

s and Sunglasses

Discover all current eyewear offers and savings at vsp.com/offers.

20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.

Laser Vision Correction SAVINGS

Average of 15% off the regular price; discounts available at contracted facilities.

Exclusive Member Extras

Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-aids for details.

- Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

[†]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.

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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Classification: Restricted

OEBB Plan Options

Provider Network: VSP Choice



IOICE PLAN Coverage with a VSP Provider

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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed

Focuses on your eyes and overall wellness

Routine retinal screening Every plan year

\$200 Featured Frame Brands allowance \$150 frame allowance

over your allowance

and lined trifocal lenses

dependent children Every plan year

evaluation) Every plan year

lens enhancements Every plan year

glasses or contacts Every plan year

Impact-resistant lenses for

Standard progressive lenses

Premium progressive lenses

Average savings of 30% on other

\$150 allowance for contacts; copay

Contact lens exam (fitting and

\$150 allowance for ready-made non-prescription sunglasses, or readymade non-prescription blue light

filtering glasses, instead of prescription

You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify.

Custom progressive lenses Scratch-resistant coating

frame allowance Every plan year Single vision, lined bifocal,

20% savings on the amount

\$80 Walmart/Sam's Club/Costco

Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond

vision care | 🕗 oebb

COPAY

\$10

Up to \$39

\$20 per exam

\$20

Included in

Prescription

Glasses

Included in

Prescription

Glasses

\$0 \$95 - \$105

\$150 - \$175

\$0

\$0

Up to \$60

\$20