

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM OEBB 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



Visionworks

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.

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.

GET YOUR PERFECT PAIR

AN
ADDITIONAL \$50 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE   NINE WEST

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

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or oebb.vspforme.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.

YOUR VSP VISION BENEFITS SUMMARY

OEBB and VSP provide you with an affordable vision plan.

OEBB PLAN OPTIONS

PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
VSP CHOICE PLUS PLAN Coverage with a VSP Provider			VSP CHOICE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10	WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10
PRESCRIPTION GLASSES		\$20	PRESCRIPTION GLASSES		\$20
FRAME	<ul style="list-style-type: none"> \$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 12 months 	Included in Prescription Glasses	FRAME	<ul style="list-style-type: none"> \$200 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/ Sam's Club*/ Costco* frame allowance Every 12 months 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every 12 months 	Included in Prescription Glasses	LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Impact resistant lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Anti-glare coating Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$0 \$0 \$0 \$15 \$15 \$15	LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$300 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
LIGHTCARE	<ul style="list-style-type: none"> \$300 allowance to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 12 months 	\$20	LIGHTCARE	<ul style="list-style-type: none"> \$150 allowance to ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 12 months 	\$20
VSP DIABETIC EYECARE PLUS PROGRAM™	<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 for details. As needed 				\$0 \$20 per exam
VISION THERAPY	<ul style="list-style-type: none"> 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. 				
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Additional \$50 to spend on featured frame brands. Go to vsp.com/framebrands for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 				
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 				
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 				

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 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. 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.

Log in to vsp.com to find an in-network provider based on your plan type.

Classification: Restricted

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