# A Look at Your VSP Vision Coverage

With VSP and ALASKA LABORERS, your health comes first.



As a member, you'll 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.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

#### Shop online and connect your benefits.

eyeconic<sup>®</sup> is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

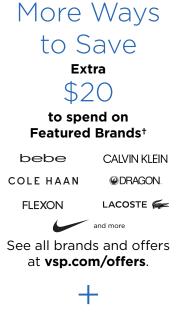
#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. 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.

## **vsp** vision care



Up to

40%

Savings on lens enhancements‡

### Your VSP Vision Benefits Summary

ALASKA LABORERS and VSP provide you with an affordable vision plan.

#### **PROVIDER NETWORK:**

**VSP** Signature EFFECTIVE DATE:

07/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
Your Coverage with a VSP Provider				
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$10	Every 12 months	
PRESCRIPTION GLASSES		\$25	See frame and lenses	
FRAME <sup>⁺</sup>	<ul> <li>\$220 featured frame brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco* frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months	
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months	
LENS ENHANCEMENTS	<ul> <li>Anti-reflective coating</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$35 \$0 \$80 - \$90 \$120 - \$160	Every 12 months	
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$O	Every 12 months	
	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/off</li> <li>30% savings on additional glasses and sunglasses, including lense on the same day as your WellVision Exam. Or get 20% from any WellVision Exam.</li> </ul>	enhancements, fr	•	
EXTRA SAVINGS	<ul> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>			
	<ul> <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> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>			
YOUR COVERAGE GOES	FURTHER IN-NETWORK			
With so many in-network c	hoices, VSP makes it easy to get the most out of your benefits. You'll have Log in to <b>vsp.com</b> to find an in-network provider. Your plan provides the fo up to \$45 Lined Bifocal Lensesup to \$65 P	llowing out-of-net rogressive Lenses		

<sup>†</sup>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.

Single Vision Lenses ..... up to \$45

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.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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