A Look at Your VSP Vision Coverage

With VSP and SMART-MTA TRUST FUND, your health comes first.



vision care

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.

PREMIER

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

Shop online and connect your benefits.

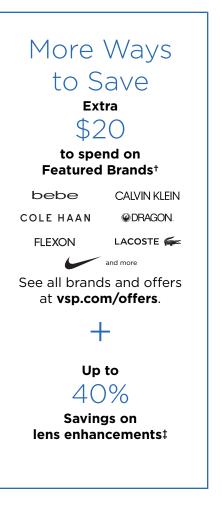
eyeconic[®] is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. 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.



Your VSP Vision Benefits Summary

SMART-MTA TRUST FUND and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

EFFECTIVE DATE:

VSP Choice

2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	 Focuses on your eyes and overall wellness 	\$O	Every calendar year
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes 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 doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	S		
FRAME	 \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$100 Costco* frame allowance 	\$0	Every calendar year
LENSES	 Single vision, lined bifocal, and lined trifocal lenses 	\$O	Every calendar year
LENS ENHANCEMENTS	 Standard progressive lenses Tints/Light-reactive lenses Impact-resistant lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	 \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
ADDITIONAL PAIRS OF	EYEWEAR		
FRAME	 \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$100 Costco frame allowance 	\$50 for frame and lenses	Every calendar year
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Combined with Frame	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for additional contacts	\$O	Every calendar year
LIGHTCARE™	 \$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. <i>Applies to first pair only.</i> 	\$O	Every calendar year
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/off 20% savings on additional glasses and sunglasses, including lens e 12 months of your last WellVision Exam. 		m any VSP provider with
EXTRA SAVINGS	Routine Retinal ScreeningNo more than a \$39 copay on routine retinal screening as an enh	ancement to a We	ellVision Exam
	 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price facilities 	; discounts only a	vailable from contracte
OUR COVERAGE GOES	FURTHER IN-NETWORK		
/ith so many in-network cl	hoices, VSP makes it easy to get the most out of your benefits. You'll have Log in to vsp.com to find an in-network provider. Your plan provides the fo up to \$45 Lined Bifocal Lensesup to \$60 C	llowing out-of-netw Contacts	

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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