

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM AIM MEDICAL TRUST (PLAN 3) WITH KIDS CARE AND VSP.



Enroll in VSP® Vision Care to get personalized 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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 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®—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

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST
STYewear

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 **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

AIM MEDICAL TRUST (Plan 3) With Kids Care and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessKidsCare - Two fully covered WellVision exams, if needed, less the applicable copay	\$10	Every calendar year
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME	<ul style="list-style-type: none">\$150 frame allowance\$170 featured frame brands allowance20% savings on the amount over your allowance\$80 Costco® frame allowance	Included in Prescription Glasses	KIDS - Every calendar year ADULTS - Every other calendar year
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
DIABETIC EYECARE PLUS PROGRAM SM	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional 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.	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <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.		
	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.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
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 network 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.			

*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.

Classification: Restricted

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KIDSCARE PLAN

While your child's pediatrician or school nurse may do an annual vision screening, it's not the same as a thorough eye exam by a VSP doctor.



The VSP® KidsCare Plan is designed to meet the eye care and eyewear needs of active and growing children by providing two WellVision Exams® and one pair of glasses every year.



HELP KEEP THEIR EYES HEALTHY.

- Vision problems left untreated can seriously impact learning, behavior, and overall development.
- Vision can change significantly during rapid physical development—even in as short a period as one year.
- Kids are prone to losing, damaging, and breaking their glasses, making additional pairs sometimes necessary. With this plan, kids are eligible for new glasses every year.

80%
OF WHAT CHILDREN
LEARN IS THROUGH
THEIR EYES.³

YOUR KIDSCARE COVERAGE WITH A VSP DOCTOR*

Eye Exam	<ul style="list-style-type: none">• Two, fully covered¹ WellVision Exams that test for eye health and vision problems that can begin during childhood, like nearsightedness, amblyopia (lazy eye), and strabismus (cross-eye)
Frame	<ul style="list-style-type: none">• Fully covered frames¹ up to your plan's retail allowance• Up to 20% savings on amount above the retail allowance
Lenses	<ul style="list-style-type: none">• Fully covered lenses¹, including child-friendly, impact-resistant lenses• Additional lenses fully covered once per year²
Contacts (Instead of glasses)	<ul style="list-style-type: none">• Fully covered contact lenses¹ up to your plan's retail allowance• Additional lenses fully covered once per year²

*Register and log on to vsp.com to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? vsp.com | 800.877.7195.

1. Less any applicable copay 2. Minimum prescription change required 3. American Optometric Association

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