

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Teamsters. Take a look at your VSP vision care coverage.



	WITHOUT VSP	WITH VSP
Eye Exam	\$205	\$10 Copay
Frame	\$150	\$25 Copay
Bifocal Lenses	\$171	
Custom Progressive Lenses	\$262	\$50
Anti-glare Coating	\$155	\$85
Retiree-only Annual Contribution	N/A	\$135.84
Total	\$943	\$305.84

VSP members save an annual average of

637.16

Enroll today.

Contact us. teamstervision.vspforme.com 800.400.4569

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save up to \$250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online evewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on vsp.com, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change, \$Sayings based on doctor's retail price and vary by plan and purchase selection; average sayings determined after benefits are applied. Ask your VSP network doctor for more details. *Based on state and national averages for eye exams and most commonly purchased brands. This is the average savings for VSP members with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +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. VSP Premier Edge⁻⁻ is not available for some members in the state of Texas.

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. Visionworks and Eyeconic are VSP-affiliated companies

Your VSP Vision Benefits Summary

BENEFIT

Prioritize your health and your budget with a VSP plan through Teamsters.

DESCRIPTION

Provider Network: VSP Choice



FREQUENCY

COPAY

BENEFII	DESCRIPTION	COPAY	FREQUENCY
	COVERAGE WITH A VSP DOCTOR		
WELLVISION EXAM®	Focuses on your eyes and overall wellnessRoutine retinal screening	\$10 Up to \$39	Every 12 months
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. 	\$20 per exam	Available as needed
PRESCRIPTION GLA	ASSES	\$25	See frame and lenses
FRAME [†]	 \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$70 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS*	 Standard progressive lenses Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$50 \$50	Every 12 months
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 12 months
ADDITIONAL	Glasses and Sunglasses Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription enhancements, from a VSP provider within 12 months of your last WellVi		asses, including lens
ADDITIONAL SAVINGS	 Laser Vision Correction Average of 15% off the regular price or 5% off the promotional pice; disc 	ounts available at o	contracted facilities.
	 Exclusive Member Extras Contact lens rebates, lens satisfaction guarantees, and more offers at vsj Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offe Everyday savings on health, wellness, and more with VSP Simple Values. 		nearing-aids for details.
YOUR MONTHLY CONTRIBUTION	• \$11.32 Retiree only • \$22.17 Retiree + all legal dependents		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic*. Log in to **vsp.com** to find an in-network doctor.