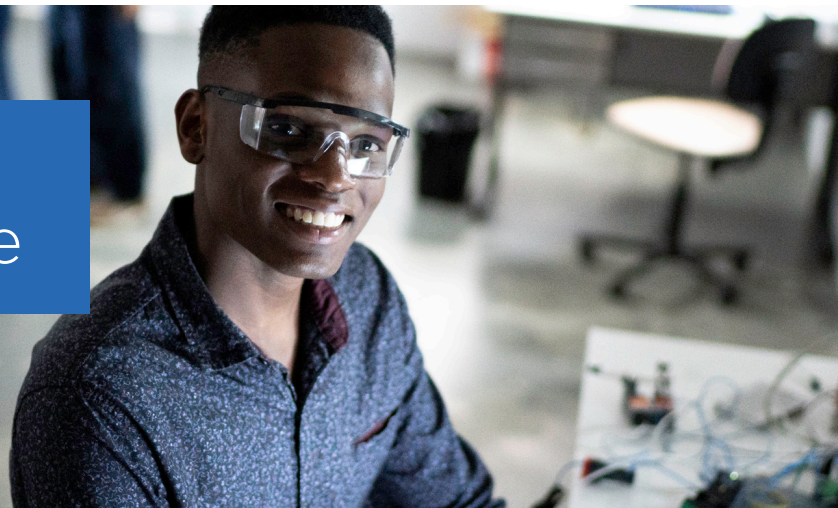


# A Look at Your VSP Vision Coverage



With VSP and 3M, your health comes first.

Enroll in VSP® Vision Care to 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, including thousands of **private practice doctors** and over 700 **Visionworks® retail locations** nationwide.



### 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.



## Computer VisionCare Coverage

Employees and their dependents enrolled in the VSP + EasyOptions Plan can get eyewear specifically designed for using a digital device to help reduce eyestrain and fatigue. Anti-glare coating now covered-in-full!

Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

	WITHOUT VSP	WITH VSP+ COVERAGE
Eye Exam	\$194	\$15 Copay
Frame	\$170	\$25 Copay
Bifocal Lenses	\$158	
Custom Progressive Lenses	\$254	\$0
Light-reactive Lenses	\$128	\$75
Member-only Annual Contribution	N/A	\$158.16
Total	\$904	\$273.16

**YOUR ESTIMATED ANNUAL SAVINGS WITH VSP**

**\$630.84**

**BASED ON YOUR SELECTION AT THE TIME OF YOUR VISIT, SAVINGS CAN BE UP TO \$175 MORE PER PERSON!**

**Enroll through your employer today.**  
Contact us: **800.877.7195** or **3M.vspforme.com**

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

\*\*Coverage with a retail chain may be different or not apply.

‡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.

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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# Your VSP Vision Benefits Summary

3M and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to VSP + EasyOptions to give your eyes extra love.

**Provider Network:**

VSP Choice

**Effective Date:**

01/01/2024



BENEFIT DESCRIPTION	COPAY
<b>3M MEDICAL PLAN ROUTINE VISION</b> Coverage with a VSP Provider	
<b>WELLVISION EXAM</b>	\$15 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	\$20 per exam

BENEFIT	DESCRIPTION	COPAY
<b>VSP + EASYOPTIONS</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$15
<b>RETINAL SCREENING</b>	<ul style="list-style-type: none"> <li>Images of the inside of the eye, used to screen for potential signs of eye disease</li> <li>Every calendar year</li> </ul>	Up to \$39 <b>OR</b> \$0 at a Premier Program Location
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		\$25
<b>FRAME**</b>	<ul style="list-style-type: none"> <li>\$190 Featured Frame Brands allowance</li> <li>\$170 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$170 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP LIGHTCARE+</b>	<ul style="list-style-type: none"> <li>\$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$25
<b>VSP EASYOPTIONS**</b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>VSP COMPUTER VISIONCARE<sup>SM</sup></b>	<p><b>Exam:</b> Evaluates your needs related to computer use.</p> <p><b>Frame and lenses:</b></p> <ul style="list-style-type: none"> <li>\$100 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal, anti-glare coating, and occupational lenses</li> <li>Every calendar year</li> </ul>	\$15 for exam and glasses
<b>YOUR MONTHLY CONTRIBUTION</b>	\$13.18 EE only \$24.87 EE + spouse/ domestic partner	\$22.54 EE + child(ren) \$34.23 EE + family

3M Medical Plan Routine Vision Coverage and VSP + EasyOptions Coverage members can save even more with VSP Exclusive Member Extras! Visit [vsp.com/offers](https://vsp.com/offers) or log in to your VSP member account to view additional savings!