

Your Vision Benefits Summary



Get access to the best in eye care and eyewear with a plan sponsored by Washington Education Association and underwritten by VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at wea.vspforme.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider. Visit wea.vspforme.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on wea.vspforme.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit wea.vspforme.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's online eyewear store.

Visit wea.vspforme.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

2017-18 Plan Year

Benefit	Description	Copay	
Your Coverage with a VSP Signature Network Provider			
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every calendar year 	\$5*	
Prescription Glasses			
		\$0	
Frame	<ul style="list-style-type: none"> • \$80 allowance for a wide selection of frames • \$100 allowance for featured frame brands • 20% savings on the amount over your allowance • \$45 Costco® frame allowance • Every other calendar year 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, and lenticular lenses • Polycarbonate lenses for dependent children • Every calendar year 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> • \$125 allowance for Progressive lenses • Average savings of 35-40% on other lens enhancements 	\$0	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts and contact lens fitting and evaluation exam • Every other calendar year 	\$0	
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to wea.vspforme.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit wea.vspforme.com for plan details. Allowance after applicable copay:			
Exam	up to \$48	Lenticular Lenses	up to \$122
Single Vision Lenses	up to \$45	Progressive Lenses	up to \$125
Lined Bifocal Lenses	up to \$74	Contacts	up to \$130
Lined Trifocal Lenses	up to \$87	Frame	up to \$45
Coverage with a participating retail chain may be different. Once your benefit is effective, visit wea.vspforme.com for details. 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.			

1. Brands/Promotion subject to change.
 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
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Monthly Composite Rate - \$17.05

*Copay does not apply to out of network coverage