

# Make Eye Health a Priority with VSP!

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



VSP members save an annual average of

\$471

# More Ways to Save

Extra \$20 to spend on Featured Frame Brands<sup>†</sup>

bebe @DRAGON. Calvin Klein FLEXON COLE HAAN



Up to 40% savings on lens enhancements!

See all brands and offers at vsp.com/offers.

Create an account today.

Questions?

VSp.com or 800.877.7195



Scan QR code or visit **vsp.com** to learn more.

#### 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  $Edge^{TM}$  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.

<sup>&</sup>lt;sup>†</sup>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. "Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member 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 copasy, 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<sup>¬</sup> 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. ©2024 Vision Service Plan. All rights reserved.

## Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Ukpeagvik Inupiat Corporation.

Provider Network: VSP Signature Effective Date: 01/01/2026



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.  PRESCRIPTION GLASSES  **S220 Featured Frame Brands allowance **\$200 Frame allowance **200 Frame allowance **200 Starings on the amount over your allowance **\$110 Walmart/Sam's Club frame/Costco allowance  **Single vision, lined bifocal, and lined trifocal lenses **Impact-resistant lenses for dependent children  **Standard progressive lenses **Premium progressive lenses **O Every calendar year  **Standard progressive lenses **O Every calendar year  **Standard progressive lenses **O Every calendar year	BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
## 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.  ### PRESCRIPTION GLASSES    \$220 Featured Frame Brands allowance		COVERAGE WITH A VSP DOCTOR			
**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.**  **PRESCRIPTION GLASSES**  ***S220 Featured Frame Brands allowance**  **\$220 Featured Frame Brands allowance**  **\$200 frame allowance**  **\$200 frame allowance**  **\$110 Walmart/Sam's Club frame/Costco allowance**  **\$110 Walmart/Sam's Club frame/Sam's Club			•	Every calendar year	
** \$220 Featured Frame Brands allowance	MEDICAL	<ul> <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</li> </ul>	\$20 per exam	Every calendar year	
## Second Process of the amount over your allowance   ## Second Process of the amount of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount over your allowance   ## Second Process of the amount of	PRESCRIPTION GLA	ASSES			
LENS ENHANCEMENTS*  • Impact-resistant lenses for dependent children  • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Anti-glare coating • Average savings of 40% on other lens enhancements  • \$200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)  • \$2,300 allowance per eye for LASIK, Custom LASIK, PRK, SMILE, Contoura, or other FDA-approved laser vision correction procedure • Average of 15% off the regular price; discounts available at contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	FRAME <sup>†</sup>	<ul><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li></ul>	\$O	Every calendar year	
<ul> <li>Premium progressive lenses         <ul> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 40% on other lens enhancements</li> </ul> </li> <li>CONTACTS         (IN ADDITION TO GLASSES)         <ul> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul> </li> <li>Up to \$60</li> <li>Every calendar year</li> <li>Every calendar year</li> <li>Contact lens exam (fitting and evaluation)</li> </ul> <li>LASER         <ul> <li>VISIONCARE PREFERRED PROGRAM</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> </li>	LENSES		\$0	Every calendar year	
• \$200 allowance for Contacts, copay does not apply • Contact lens exam (fitting and evaluation)  • \$2,300 allowance per eye for LASIK, Custom LASIK, PRK, SMILE, Contoura, or other FDA-approved laser vision correction procedure • Average of 15% off the regular price; discounts available at contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		<ul><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Anti-glare coating</li></ul>	\$80 - \$90 \$120 - \$160	Every calendar year	
Contoura, or other FDA-approved laser vision correction procedure  VISIONCARE PREFERRED PROGRAM  Contoura, or other FDA-approved laser vision correction procedure  Average of 15% off the regular price; discounts available at contracted facilities  After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	(IN ADDITION TO		Up to \$60	Every calendar year	
Glasses and Sunglasses	VISIONCARE PREFERRED	<ul> <li>Contoura, or other FDA-approved laser vision correction procedure</li> <li>Average of 15% off the regular price; discounts available at contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses</li> </ul>	\$0	Once per lifetime	
<ul> <li>Discover all current eyewear offers and savings at vsp.com/offers.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> <li>Exclusive Member Extras</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.</li> </ul>		<ul> <li>Discover all current eyewear offers and savings at vsp.com/offers.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> Exclusive Member Extras			
<ul> <li>Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.</li> <li>Everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	<ul> <li>Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-</li> </ul>				
COVERAGE WITH AN OUT-OF-NETWORK DOCTOR					

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. Your plan provides the following out-of-network reimbursements:

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Examup to \$50	Lined Bifocal Lensesup to \$75	Progressive Lensesup to \$75	
Frameup to \$70	Lined Trifocal Lensesup to \$100	Approved Laser Correction	
Single Vision Lensesup to \$50	Progressive Lensesup to \$75	Procedureup to \$2,300 per eye	