

# SEE HEALTHY AND LIVE HAPPY WITH HELP FROM NEW JERSEY STATE P.B.A. 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.**

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.





**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.

	Without VSP	With VSP Coverage	
Eye Exam	\$185	\$20	
Frame	\$150	<b>#20</b>	
Bifocal Lenses	\$151	\$20	
Custom Progressive Lenses	\$258	\$150	
Light-reactive Lenses	\$126	\$75	
Member-only Annual Contribution	N/A	\$118.92	
Total	\$870	\$383.92	

# **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.

YOUR AVERAGE ANNUAL SAVINGS WITH VSP

\$486.08

**Enroll today.** 

Contact us: **800.877.7195** or **vsp.com** 

### YOUR VSP VISION BENEFITS SUMMARY

New Jersey State P.B.A. and VSP provide you with an affordable vision plan.

#### **PROVIDER NETWORK:**

**VSP** Choice

#### **EFFECTIVE DATE:**





BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
YOUR COVERAGE WITH A VSP PROVIDER				
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$20	Every calendar year	
PRESCRIPTION GLASSE	es	\$20	See frame and lenses	
FRAME	<ul> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for Featured Frame Brands</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every calendar year	
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year	
LENS ENHANCEMENTS	<ul> <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> </ul>	\$0 \$ 95 - \$105 \$150 - \$175	Every calendar year	
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every calendar year	
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.         Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.     </li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed	
	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/fr.</li> <li>20% savings on additional glasses and sunglasses, including lens 12 months of your last WellVision Exam.</li> </ul>			
EXTRA SAVINGS	TRA SAVINGS  Routine Retinal Screening  No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			
	Laser Vision Correction     Average 15% off the regular price or 5% off the promotional price facilities			
YOUR MONTHLY CONTRIBUTION	\$9.91 Member only \$19.86 Member + one	\$31.87 Member	+ family	

# 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.

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. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. 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.

Log in to vsp.com to find an in-network provider based on your plan type.

<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.