

A Look at Your VSP Vision Coverage

With VSP and The Segal Group, Inc.,
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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
	

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.

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.


vision care

More Ways
to Save

Extra

\$20

to spend on

Featured Frame Brands[†]

bebe

CALVIN KLEIN

COLE HAAN

FLEXON

LACOSTE 



and more

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

+

Up to

40%

Savings on
lens enhancements[‡]

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

[†]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.

⁺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.

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.

©2023 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc.

All other brands or marks are the property of their respective owners. 114258 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

The Segal Group, Inc. and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

Provider Network:

VSP Signature

Elective Date:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$15 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$15		
FRAME⁺	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses \$0 Anti-glare coating \$0 Tints/Light-reactive lenses \$0 Impact-resistant lenses \$0 Scratch-resistant coating \$0 Premium progressive lenses \$80 - \$90 Custom progressive lenses \$120 - \$160 Average savings of 40% on other lens enhancements Every calendar year 	
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60

BENEFIT	DESCRIPTION	COPAY
SECOND PAIR BUY-UP PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$15 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$15		
FRAME	<ul style="list-style-type: none"> \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses \$0 Anti-glare coating \$0 Tints/Light-reactive lenses \$0 Impact-resistant lenses \$0 Scratch-resistant coating \$0 Premium progressive lenses \$80 - \$90 Custom progressive lenses \$120 - \$160 Average savings of 40% on other lens enhancements Every calendar year 	
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60

ADDITIONAL PAIR OF EYEWEAR		
FRAME AND LENSES	<ul style="list-style-type: none"> Same allowances as first pair frame and lenses Every calendar year 	\$15 for frame and lenses
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60

ADDITIONAL SAVINGS	Glasses and Sunglasses	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 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.
	Laser Vision Correction	<ul style="list-style-type: none"> 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.
	Exclusive Member Extras	<ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.
BASE PLAN MONTHLY PRE-TAX CONTRIBUTION	<ul style="list-style-type: none"> \$13.77 Member only \$27.37 Member + 1 \$44.00 Member + family 	SECOND PAIR BUY-UP PLAN MONTHLY PRE-TAX CONTRIBUTION
		Add to Base Plan Cost: <ul style="list-style-type: none"> \$8.33 Member only \$16.25 Member + 1 \$25.96 Member + family

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam.....up to \$50	Lined Bifocal Lenses.....up to \$75	Contacts.....up to \$105
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$100	Tints.....up to \$5
Single Vision Lenses.....up to \$50	Progressive Lenses.....up to \$75	