A Look at Your VSP Vision Coverage

With VSP and OREGON TEAMSTER EMPLOYERS TRUST PLAN 4, your health comes first.



As a member, you'll 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, which is part of our incredible network of doctors.

Shop online and connect your benefits.

eyeconic[®] is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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[®]. 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.

vsp vision care

More Ways



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

+

Up to

40%

Savings on lens enhancements‡

Your VSP Vision Benefits Summary

OREGON TEAMSTER EMPLOYERS TRUST PLAN 4 and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature **EFFECTIVE DATE:**

01/01/204



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$10	Every 18 months-Adults Every 12 months-Childrer
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes 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 doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	S	\$10	
FRAME [⁺]	 \$120 featured frame brands allowance \$100 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 18 months-Adults 8 Children
LENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every 18 months-Adults Every 12 months-Children
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 18 months-Adults Every 12 months-Children
CONTACTS (INSTEAD OF GLASSES)	 \$164 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$O	Every 18 months-Adults Every 12 months-Children
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provion the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your la WellVision Exam. 		
EXTRA SAVINGS	Routine Retinal ScreeningNo 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; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE GOES	FURTHER IN-NETWORK		
	hoices, VSP makes it easy to get the most out of your benefits. You'll have	access to preferre	ed private practice, retail, and

Lined Bifocal Lensesup to \$45 Progressive Lenses up to \$55 Exam up to \$37 Frameup to \$33 Lined Trifocal Lenses up to \$55 Contacts up to \$100 Single Vision Lenses up to \$29

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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^tOnly available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. tSavings 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.