

A Look at Your VSP Vision Coverage

With VSP and LINEAGE LOGISTICS
HOLDINGS, LLC, 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.



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 to Save

**Extra
\$50**

**to spend on
Featured Frame Brands†**

bebe Calvin Klein
COLE HAAN DRAGON
FLEXON LONGCHAMP
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. Premier Edge 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**.

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Classification: Restricted

Your VSP Vision Benefits Summary

LINEAGE LOGISTICS HOLDINGS, LLC and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY
Standard Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$10 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 \$25		
FRAME*	<ul style="list-style-type: none"> \$200 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance Every 24 months 	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 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Ultra-violet coating Impact-resistant lenses for Adults Anti-glare coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$10 - \$14 \$33 \$37 - \$75 \$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
VSP LIGHTCARE™+	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 24 months 	\$25
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Same frame allowance and lens coverage as primary benefit Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) Every 12 months 	\$10 per exam \$25 for prescription lenses

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. 	
	Exclusive Member Extras for VSP Members <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. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 	

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2024



BENEFIT	DESCRIPTION	COPAY
Premium Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$10 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 \$25		
FRAME*	<ul style="list-style-type: none"> \$300 Featured Frame Brands allowance \$250 frame allowance 20% savings on the amount over your allowance \$135 Walmart/Sam's Club/Costco frame allowance Every 12 months 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Ultra-violet coating Impact-resistant lenses Anti-glare coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$0 \$0 \$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$250 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
VSP LIGHTCARE™+	<ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 12 months 	\$25
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Same frame allowance and lens coverage as primary benefit Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) Every 12 months 	\$10 per exam \$25 for prescription lenses