

Your VSP Vision Benefit Summary

| | TBR Vision Bronze Plan | TBR Vision Gold Plan |
|------------------------------------|--|---|
| Exam Services | Thorough WellVision Exam® covered in full No copayment, once per calendar year | Thorough WellVision Exam® covered in full \$10 copayment, once per calendar year |
| | 15% off of the contact lens exam and all other contact lens services | Contact lens exam (fitting and evaluation) is covered in full with a copay not to exceed \$60 for all contact lens wearers (standard and premium fit); members will also receive 15% off of the contact lens exam and all other contact lens services |
| Lenses | \$50 materials/eyewear schedule of allowances | Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full, less the \$15 material copayment |
| Lens Options | 20% off all lens options | The most popular lens options are covered in full with a copay, saving our members an average of 20-25% ² |
| | N/A | Patient cost ³ : Progressives: \$55 Photochromics: \$70 Anti-reflective: \$43 Scratch resistant coating: \$17 Polycarbonate: \$33 |
| | N/A | Dependent children are eligible for covered in full polycarbonate prescription lenses |
| Frame | \$50 materials/eyewear schedule of allowances, once per calendar year | Frames are covered in full up to the retail allowance of \$130 and/or \$50 wholesale, less the \$15 material copayment, once per two calendar years |
| | 20% off any amount above the allowance | 20% off any amount above the allowance |
| | N/A | Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames compared to retail allowance plans |
| Contact Lenses | \$50 materials/eyewear schedule of allowances, once per calendar year | Instead of eyeglasses, elective contact lens materials are covered up to \$130 toward any type of prescription contact lenses, once per calendar year |
| | Exclusive offers for VSP members include: Mail-in rebate savings ⁴ up to \$110 on eligible Bausch & Lomb contacts and up to \$125 on eligible ACUVUE Brand Contact Lenses | |
| Out-of-Network Schedule | Eye Exam: \$45.00 Materials/Eyewear: \$50.00 | Eye Exam: \$45.00 Elective Contact Lenses: \$105.00 Single Vision: \$30.00 Frame: \$70.00 Lined Bifocal: \$50.00 Lined Trifocal: \$65.00 |
| Monthly Premium¹ | Employee Only: \$4.42 Employee + Spouse: \$8.84 Employee + Child(ren): \$9.48 Employee + Family: \$15.15 | Employee Only: \$9.59 Employee + Spouse: \$19.21 Employee + Child(ren): \$20.54 Employee + Family: \$32.84 |

¹Rates include administrative fees ² Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options available at 20% discount. ³Prices shown reflect the standard option price, prices on premium options may vary. Prices are valid only through VSP Preferred Providers and are subject to change without notice. ⁴ Rebates subject to change. **If there are differences in this document and the Group Policy, the Group Policy is the governing document.**

Enroll in VSP at www.TBRVision.com