

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 01/01/2019

THE MCCLATCHY COMPANY and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

| Basic Plan | | VSP Provider Network: VSP Signature |
|---|--|-------------------------------------|
| Benefit | Description | Copay |
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$15 |
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam. | |
| | Contacts <ul style="list-style-type: none"> 15% savings on a contact lens exam (fitting and evaluation) | |
| | Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | |
| Your Coverage with Out-of-Network Providers | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details. | | |
| Exam up to \$50 | | |

| Comprehensive | | VSP Provider Network: VSP Signature |
|---|---|-------------------------------------|
| Benefit | Description | Copay |
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year | \$15 |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> \$150 allowance for a wide selection of frames 20% savings on the amount over your allowance Every other calendar year | -- |
| | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every other calendar year | -- |
| Lens Enhancements | <ul style="list-style-type: none"> \$30 allowance for anti-reflective coating Polycarbonate lenses for dependent children Every other calendar year | -- |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) Every other calendar year | -- |
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. | |
| | Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | |
| | Laser Vision Correction <ul style="list-style-type: none"> 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 with Out-of-Network Providers | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details. | | |
| Exam up to \$50 Lined Trifocal Lenses up to \$100 | | |
| Frame up to \$70 Progressive Lenses up to \$75 | | |
| Single Vision Lenses up to \$50 Contacts up to \$105 | | |
| Lined Bifocal Lenses up to \$75 | | |

Using your VSP benefit is easy.

Register at vsp.com Once your plan is effective, review your benefit information.

Find an eyecare provider who's right for you. To find a VSP provider, visit vsp.com or call **800.877.7195**.

At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Enroll in VSP today. You'll be glad you did. Contact us. **800.877.7195**
vsp.com



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.

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