

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM USG CORPORATION AND VSP.

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

VSP EASYOPTIONS

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

GET YOUR PERFECT PAIR

EXTRA $20 TO SPEND ON FEATURED FRAME BRANDS*

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SEE MORE BRANDS AT **VSP.COM/OFFERS**.

\+ UP TO **40%** SAVINGS ON LENS ENHANCEMENTS

EXCLUSIVE MEMBER EXTRAS

Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

USG CORPORATION 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 Choice
EFFECTIVE DATE:
01/01/2022

BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eye health and overall wellness • Every calendar year	$10
PRESCRIPTION GLASSES		$25
FRAME	• $150 allowance for a wide selection of frames • $200 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 Walmart®/Sam's Club/Costco® frame allowance • Every calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, lined trifocal lenses • Impact-resistant for dependent children • Scratch Coating • UV Protection • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% savings on other lens enhancements • Every calendar year	$0 $95 – $105 $150 – $175
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contacts lens exam (fitting and evaluation) • Every calendar year	Up to $60

BENEFIT	DESCRIPTION	COPAY
VSP EASYOPTIONS Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eye health and overall wellness • Every calendar year	$10
PRESCRIPTION GLASSES		$10
FRAME	• $175 allowance for a wide selection of frames • $225 allowance for featured frame brands • 20% savings on the amount over your allowance • $95 Walmart®/Sam's Club/Costco® frame allowance • Every calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, lined trifocal lenses • Impact-resistant lenses for Adults and dependent children • Scratch Coating • UV Protection • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% savings on other lens enhancements • Every calendar year	$0 $95 – $105 $150 – $175
CONTACTS (INSTEAD OF GLASSES)	• $175 allowance for contacts; copay does not apply • Contacts lens exam (fitting and evaluation) • Every calendar year	Up to $45
VSP EASYOPTIONS (CHOOSE ONE OF THESE UPGRADES)	• An additional $75 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional $75 contact lens allowance • Every calendar year	Included in Prescription Glasses

VSP PRIMARY EYECARE℠	• Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your health medical coverage may apply. Ask your VSP doctor for details. • As needed	$0 $20 per exam $20 per exam
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to **vsp.com/offers** for details. • 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.	
	Routine Retinal Screening • No 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.	

YOUR MONTHLY CONTRIBUTIONS	• Member Only • Employee + Spouse • Associate + Child(ren) • Member + Family	$4.23 $8.39 $ $12.16
YOUR MONTHLY CONTRIBUTIONS	• Member Only • Member + Spouse • Member + Child(ren) • Member + Family	$10.02 $18.20 $ $27.98

Coverage with a participating retail chain may be different or not apply. VSP EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. Once your benefit is effective, visit vsp.com for details. 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.

Log in to **vsp.com** to find an in-network provider based on your plan type.

*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.

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Classification: Restricted