

PREMIEF

PROGRAM

Visionworks

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CHICAGO TUBE & IRON (BUY-UP PLANS) AND VSP.

Enroll in VSP[®] Vision Care to get personalized 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.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

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.



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.



Enroll today. Contact us: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

CHICAGO TUBE & IRON (BUY-UP PLANS) 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	BENE
E	BUY-UP COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery 12 months	\$20	WELLVI EXAM
PRESCRIPTION	GLASSES	\$20	PRESCR
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* frame allowance Every 12 months 	Included in Prescription Glasses	FRAME
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses	LENSES
ENS ENHANCEMENTS	 Tints/Light-reactive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$0 \$95 - \$105 \$150 - \$175	LENS ENHANG
CONTACTS INSTEAD OF GLASSES)	 \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$0	CONTA (INSTE/ GLASSE
DIABETIC EYECARE PLUS PROGRAM⁵ [™]	 Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	DIABET EYECAI PROGR
EXTRA SAVINGS	 Glasses and Sunglasses Extra \$50 to spend on featured frame b 20% savings on additional glasses and s WellVision Exam. Routine Retinal Screening No more than a \$39 copay on routine re 	unglasses, includi	ng lens enh

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021

BENEFIT	DESCRIPTION	COPAY		
BUY-UP LENS OPTION COVERAGE WITH A VSP PROVIDER				
WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery 12 months	\$20		
PRESCRIPTION G	\$20			
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* frame allowance Every 12 months 	Included in Prescription Glasses		
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses		
LENS ENHANCEMENTS	 Anti-glare coating Progressive lenses Scratch-resistant coating Tints/Light-reactive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$0 \$0 \$0		
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every 12 months 	\$0		
DIABETIC EYECARE PLUS PROGRAM SM	 Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam		

brands for details.

hancements, from any VSP provider within 12 months of your last

• 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 COVERAGE WITH OUT-OF-NETWORK PROVIDERS

	Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.				
	Examup to \$45 Frameup to \$70 Single Vision Lensesup to \$30		Progressive Lensesup to \$50 Contactsup to \$105		
Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type.					

guarantees coverage from VSP network providers only. 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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