

# Keep your eyes healthy with Blue Cross of Idaho vision, administered by VSP.

## **Personalized Care**

You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP® network doctor.

- When you see a VSP network doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.
- With a VSP network doctor, your satisfaction is guaranteed.
- If you're not 100% happy, your VSP network doctor will make it right.

# Choice in Eyewear

When you visit a VSP network doctor, you'll save on out-of-pocket costs for your choice of eyewear. Plus, go to an in-network retail chain and enjoy more savings. In-network retail locations include Walmart/Sam's Club, Costco® and more. Visit vsp.com/offers for information on more savings and exclusive extras available to you.

# Using your benefit is easy

- Choose a VSP in-network provider. To find a VSP network doctor, visit **vsp.com** or call 844-348-0848.
- Review your benefit information. Visit **vsp.com** to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP and show them your Blue Cross of Idaho member ID card.

That's it! There are no claim forms to complete when you see a VSP network doctor.

Benefit	Description	Copayment	
Your Coverage with a VSP Choice Doctor			
WellVision Exam	<ul><li>Focuses on your eyes and overall wellness</li><li>Every 12 months</li></ul>	\$0	
F	\$10		
Frame	<ul> <li>\$150 allowance on a wide selection of frames / 20% savings on the amount over your allowance</li> <li>\$80 allowance at Walmart/ Sam's Club/Costco®</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses	
Lenses	<ul> <li>Single vision, lined bifocal and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>	Included in Prescription Glasses	
Lens Options	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$0 \$0	
Contacts (instead of glasses)	<ul> <li>\$150 allowance for contacts (copay does not apply)</li> <li>15% off contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	\$0	

<sup>1</sup>Not all doctors at in-network retail locations may participate. Please visit vsp.com or call 844-348-0848 to find a participating provider.

## Your benefit includes Eyeconic®, VSP's preferred online retailer, and shipping is free. Visit vsp.com for complete details.

# Glasses and Sunglasses

20% on additional glasses and sunglasses, including lens options, from any VSP network doctor within 12 months of your last WellVision Exam

#### Routine Retinal Screening

Extra

Savings and

Discounts

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

Visit vsp.com for details if you plan to see a provider other than a VSP network doctor.

Exam up to \$50 Frame up to \$70 Single Vision Lenses up to \$30 Lined Bifocal Lenses up to \$50	Lined Trifocal Lensesup to \$65 Progressive Lensesup to \$50
Single Vision Lensesup to \$30	Elective Contactsup to \$105 Medically Necessary Contacts
Lined Bilocal Lensesup to \$50	up to \$210

#### VSP guarantees coverage from VSP network providers only.

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. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. 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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## Plan Information

VSP doctor Network: VSP Choice

