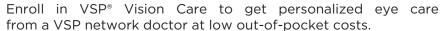


SEE HEALTHY AND LIVE HAPPY WITH HELP FROM LANCASTER GENERAL HOSPITAL AND VSP.





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. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to **eyeconic.com**® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

SEE MORE BRANDS AT VSP.COM/OFFERS.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

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.



Enroll today.
Contact us: 866.463.9954 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

Lancaster General Hospital 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



07/01/2022



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
VS	SP PLAN Coverage with a VSP Provider		VSP PLU	JS PLAN Coverage with a VSP Provider	
WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery plan year	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery plan year	\$10
PRESCRIPTION GLASSES		\$25	PRESCRIPTION GLASSES \$10		\$10
FRAME	\$200 featured frame brand allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Costco* frame allowance Every other plan year	Included in Prescription Glasses	FRAME	 \$260 featured frame brand allowance \$210 frame allowance 20% savings on the amount over your allowance \$200 Costco* frame allowance Every plan year 	Included in Prescription Glasses
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every plan year 	Included in Prescription Glasses	LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every plan year 	Included in Prescription Glasses
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every plan year 	\$0 \$95-\$105 \$150-\$175	LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every plan year 	\$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	 \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60
YOUR MONTHLY CONTRIBUTION	\$4.66 Member Only \$9.31 Member + Spouse \$9.77 Member + Child(ren) \$14.44 Member + Family		VSP EASYOPTIONS (CHOOSE ONE OF THESE UPGRADES)	 An additional \$65 frame allowance, or Fully covered premium or custom progressive lenses, or Fully covered Photochromic tints, or Fully covered anti-glare coating, or An additional \$75 contact lens allowance Every plan year 	Included in Prescription Glasses
			YOUR MONTHLY CONTRIBUTION	\$8.91 Member Only \$17.81 Member + Spouse \$18.69 Member + Child(ren) \$27.60 Member + Family	
ESSENTIAL MEDICAL 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
	Glasses and Sunglasses Extra \$50 to spend on featured frame brands. Go to vsp.com/offers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam				
EXTRA SAVINGS	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% savings on the regular price or 5% savings on 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.

Coverage with a retail chain may be different or not apply. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP 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.