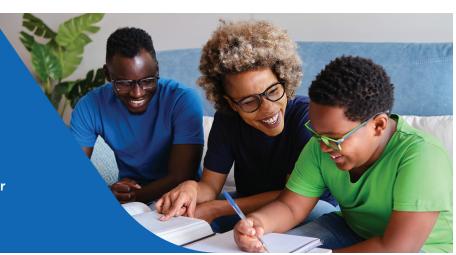
A Look at Your VSP Vision Coverage

With VSP and GWINNETT COUNTY, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge $^{\text{\tiny M}}$ location.

PREMIER edge

Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual 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.

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.

vision care

More Ways to Save

Extra

\$20

to spend on Featured Brands[†]

bebe

Calvin Klein

COLE HAAN

@DRAGON.

FLEXON

LONGCHAMP



and more

See all brands and offers at vsp.com/offers.



Up to

40%

Savings on lens enhancements:

Your VSP Vision Benefits Summary

GWINNETT COUNTY 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



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY	
Ba	sic Plan Coverage with a VSP Provider		Prer	nier Plan Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness Every calendar year	\$10	WELLVISION EXAM	Focuses on your eyes and overall wellness Every calendar year	\$15	
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam	ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam	
PRESCRIPTION	GLASSES		PRESCRIPTION	GLASSES		
FRAME*	\$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance \$65 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year	\$10	FRAME [*]	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year	\$15	
LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year	\$10	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year	\$15	
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar 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 calendar year	\$0 \$95 - \$105 \$150 - \$175	
CONTACTS* (IN LIEU OF GLASSES)	 \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	CONTACTS* (IN LIEU OF GLASSES)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	
EXTRA SAVINGS	Glasses and Sunglasses Extra \$20 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. 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 COVERAGE	 Average 15% off the regular price or 5% of the second secon	off the promotio	nal price; discounts or	nly available from contracted facilities		

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements

Telliburseriierits.		
Examup to \$45	Lined Bifocal Lensesup to \$50	Progressive Lensesup to \$50
Frameup to \$70	Lined Trifocal Lensesup to \$65	Contactsup to \$105
Single Vision Lensesup to \$32		

VSP guarantees member satisfaction 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

^{*}Plan does not cover both prescription glasses and contacts within same benefit year. Contacts are covered in lieu of complete pair of prescription glasses. ‡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. +Coverage with a retail chain may be different or not apply.