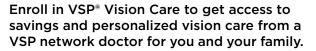
# A Look at Your VSP Vision Coverage

With VSP and MAGNA INTERNATIONAL OF AMERICA INC, your health comes first.



#### 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<sup>™</sup> location.



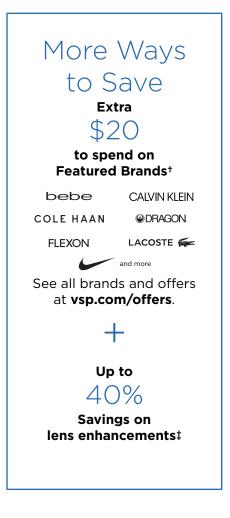
### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. 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.





Enroll through your employer today. **11/11/2024 - 11/24/2024** Contact us: **800.877.7195** or **vsp.com** 

## Your VSP Vision Benefits Summary

MAGNA INTERNATIONAL OF AMERICA INC and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eves extra love

eyes extra lov BENEFIT	DESCRIPTION	COPAY		
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$20		
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam		
PRESCRIPTION GLASSES \$20				
FRAME	<ul> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart* frame allowance</li> <li>\$70 Costco* frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses		
LENSES   Single vision, lined bifocal, and line trifocal lenses  Impact-resistant lenses for dependent dep		Included in Prescription Glasses		
LENS ENHANCEMENTS	<ul> <li>Standard Progressive lenses</li> <li>Anti-Reflective Coating</li> <li>Impact-Resistant Lenses</li> <li>Premium Progressives</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every other calendar year</li> </ul>	\$0 \$40 \$35 \$95-\$105		
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every other calendar year</li> </ul>	Up to \$60		

#### **PROVIDER NETWORK:**

VSP Choice EFFECTIVE DATE:

01/01/2025



BENEFIT	COPAY	
E	nhanced Coverage with a VSP Provide	٢
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$10
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
PRESCRIPTION	<b>\$1</b> 0	
FRAME	<ul> <li>\$195 featured frame brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$175 Walmart* frame allowance</li> <li>\$95 Costco* frame allowance</li> <li>Every calendar year</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 calendar year</li> </ul>	
LENS ENHANCEMENTS	<ul> <li>Standard Progressive lenses</li> <li>Anti-Reflective Coating</li> <li>Impact-Resistant Lenses</li> <li>Premium Progresives</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$40 \$35 \$50
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60

	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>				
EXTRA SAVINGS	<ul> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>				
	<ul> <li>Laser Vision Correction</li> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>				
YOUR COVERAGE GOES FURTHER IN-NETWORK					
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 <b>vsp.com</b> to find an in-network provider. Your plan provides the following out-of-network					

reimbursements:		
Exam up 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 \$30		

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

1Savings 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.

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.

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