

A Look at Your VSP Vision Coverage

With VSP and BMO Financial Corporation,
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 thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

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.



More Ways
to Save

An additional

\$50

to spend on

Featured Frame Brands⁺

bebe

CALVIN KLEIN

COLE HAAN

DRAGON

FLEXON

LACOSTE



and more

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

+

Up to

40%

Savings on
lens enhancements[‡]

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

BMO Financial Corporation 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

Effective Date:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$10 \$20
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. Available as needed 	\$20 per screening \$20 per exam
PRESCRIPTION GLASSES \$20		
FRAME⁺	<ul style="list-style-type: none"> \$200 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart/Sam's Club/Costco frame allowance Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses Scratch-resistant coating UV Protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$50 \$50 \$0 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$40

BENEFIT	DESCRIPTION	COPAY
BUY-UP PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$0 \$20
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. Available as needed 	\$20 per screening \$20 per exam
PRESCRIPTION GLASSES \$0		
FRAME⁺	<ul style="list-style-type: none"> \$225 Featured Frame Brands allowance \$175 frame allowance 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Tints/Light-reactive lenses Scratch-resistant coating UV Protection Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$50 \$50 \$0 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$40
VSP EASYOPTIONS⁺	<p>Members can choose one of these upgrades</p> <ul style="list-style-type: none"> An additional \$75 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$75 contact lens allowance Every calendar year 	Included in Prescription Glasses
VSP LIGHTCARE⁺	<ul style="list-style-type: none"> \$225 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year 	\$0

ADDITIONAL SAVINGS	Glasses and Sunglasses
	Laser Vision Correction
	Exclusive Member Extras

*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.
 ‡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. Premier Edge is not available for some members in the state of Texas.

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.