

# Make Eye Health a Priority with VSP!

Your health comes first with VSP and BMO Financial Corporation. Take a look at your VSP vision care coverage.



VSP members save an annual average of **\$471\*** and more when EasyOptions is selected.

## Personalize Your Vision Coverage

Check out VSP EasyOptions on the back page to see how each member can select one covered eyewear upgrade.

Enroll through your employer today. Questions? [bmo.vspforme.com](http://bmo.vspforme.com) or 800.877.7195



Scan QR code or visit [bmo.vspforme.com](http://bmo.vspforme.com) to learn more.

### Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.\*\*

### Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

### The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at [eyeconic.com](http://eyeconic.com)®. You'll get the most out of your benefits at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices	
	private practice doctors	Visionworks

### Getting started is easy!

Let your plan do the most it can. When you create an account on [vsp.com](http://vsp.com), you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

\*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. \*Based on state and national averages for eye exams and most commonly purchased brands. This is the average savings for VSP members with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. \*\*Full Picture of Eye Health, American Optometric Association, 2020. +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. VSP 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](http://vsp.com). Visionworks and Eyeconic are VSP-affiliated companies. ©2024 Vision Service Plan. All rights reserved. VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 125909 VCCM

# Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through BMO Financial Corporation. Get coverage for essentials, or enhance your benefits by upgrading to EasyOptions for personalized coverage for all.

**Provider Network:**  
VSP Choice



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

BENEFIT	DESCRIPTION	COPAY
<b>BUY-UP PLAN</b> Coverage with a VSP Doctor		
<b>WELLVISION EXAM*</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$0 \$20
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b> \$0		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$225 Featured Frame Brands allowance</li> <li>\$225 Visionworks frame allowance on any frame</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS*</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Tints</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$40
<b>VSP EASYOPTIONS*</b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>VSP LIGHTCARE*</b>	<ul style="list-style-type: none"> <li>\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$0

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>
	<b>Laser Vision Correction</b>
	<b>Exclusive Member Extras</b>

\*Only available at participating in-network providers. Discount may vary at retailers or not be available at certain retailers. Cannot be combined with any other discounts or promotional offers.