

Your VSP Vision Benefits Summary

MWG and VSP provide you with an affordable eyecare plan.

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <hr/> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....upto\$45 Single Vision Lenses.....up to \$30 Lined Trifocal Lenses.....up to \$65 Contacts.....upto \$105
 Frame.....upto\$70 Lined Bifocal Lenses.....up to \$50 Progressive Lenses.....up to \$50

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

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.

Rates Available for groups in the following states: CA, AK, CO, NM, UT, WY, HI, ID, MT, NV, OR

<i>Employer Paid 3 Tier</i>	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee + Family</i>
\$20 / 20 Copay	\$8.36	\$12.97	\$20.59
<i>Voluntary 3 Tier</i>	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee+ Family</i>
\$20 / 20 Copay	\$9.70	\$15.05	\$23.88

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