

## Your Vision Benefits Summary



WEA  
Select



### 2018-19 Plan Year

Get access to the best in eye care and eyewear with sponsored by Washington Education Association and underwritten by VSP® Vision Care.

#### Using your VSP benefit is easy.

- **Create an account at [wea.vspforme.com](http://wea.vspforme.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider. Visit [wea.vspforme.com](http://wea.vspforme.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [wea.vspforme.com](http://wea.vspforme.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

#### Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

#### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [wea.vspforme.com](http://wea.vspforme.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's online eyewear store.

Visit [wea.vspforme.com](http://wea.vspforme.com) or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

1. Brands/Promotion subject to change.  
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Benefit	Description	Copay
<b>Your Coverage with a VSP Signature Network Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every calendar year</li> </ul>	\$5
<b>Prescription Glasses</b>		\$15
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$150 allowance for a wide selection of frames</li> <li>• \$170 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$80 Costco®/Walmart 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, lined trifocal, and lenticular lenses</li> <li>• Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Progressive lenses</li> <li>• Anti-reflective coating</li> <li>• Tints/Photochromic adaptive lenses</li> <li>• Polycarbonate lenses</li> <li>• Scratch-resistant coating</li> <li>• Polarized lenses</li> <li>• UV protection</li> <li>• Average savings of 35-40% on other lens enhancements</li> <li>• Every calendar year</li> </ul>	\$0 \$0 \$0 \$0 \$0 \$0 \$0
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$180 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% savings on a contact lens exam (fitting and evaluation)</li> <li>• Every calendar year</li> </ul>	\$15
<b>Glasses and Sunglasses</b>		
<ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://wea.vspforme.com/specialoffers">wea.vspforme.com/specialoffers</a> for details.</li> <li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
<b>Extra Savings</b>	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	

#### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [wea.vspforme.com](http://wea.vspforme.com) for plan details. Allowance after applicable copay:

Exam .....	up to \$60	Lenticular Lenses .....	up to \$148
Single Vision Lenses .....	up to \$76	Progressive Lenses .....	up to \$140
Lined Bifocal Lenses .....	up to \$112	Contacts .....	up to \$180
Lined Trifocal Lenses .....	up to \$142	Frame .....	up to \$60

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [wea.vspforme.com](http://wea.vspforme.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.

**Monthly Composite Rate - \$30.80**