SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM MICHIGAN STATE
UNIVERSITY AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.
It’s easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 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*—a comprehensive exam designed to detect eye and health conditions.

**GET YOUR PERFECT PAIR**

EXTRA $50 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE

SEE MORE BRANDS AT www.vsp.com/framebrands

UP TO 40%
SAVINGS ON LENS ENHANCEMENTS

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 today.
Contact us: 800.400.4569 or msustudents.vspforme.com
YOUR VSP VISION BENEFITS SUMMARY
Michigan State University Students and VSP provide you with an affordable vision plan.

Enrollment is ongoing! Coverage is effective the first of the month following your enrollment date and lasts for one year. Your current coverage will automatically renew after one year if you do not request to change or cancel your coverage prior to the renewal date.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
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</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every 12 months</td>
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<tr>
<td>PRESCRIPTION GLASSES</td>
<td></td>
<td>$25</td>
<td>See frame and lenses</td>
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<tr>
<td>FRAME</td>
<td>• $200 featured frame brands allowance</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
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<tr>
<td></td>
<td>• $150 frame allowance</td>
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<tr>
<td></td>
<td>• $150 Walmart*/Sam’s Club*/Costco® frame allowance</td>
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<td>• 20% savings on the amount over your allowance</td>
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<tr>
<td>LENSES</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
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<td></td>
<td>• Impact-resistant lenses for dependent children</td>
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<tr>
<td>LENS ENHANCEMENTS</td>
<td>• Standard progressive lenses</td>
<td>$0</td>
<td>Every 12 months</td>
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<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95 - $105</td>
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<td></td>
<td>• Custom progressive lenses</td>
<td>$150 - $175</td>
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<td></td>
<td>• Average savings of 20-25% on other lens enhancements</td>
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<tr>
<td>CONTACTS (INSTEAD OF GLASSES)</td>
<td>• $150 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
<td>Every 12 months</td>
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<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
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<tr>
<td>DIABETIC EYECARE PLUS PROGRAMSM</td>
<td>• Retinal screening for members with diabetes</td>
<td>$0</td>
<td>As needed</td>
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<td></td>
<td>• Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</td>
<td>$20 per exam</td>
<td></td>
</tr>
</tbody>
</table>

**EXTRA SAVINGS**

- **Glasses and Sunglasses**
  - 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

- **Routine Retinal Screening**
  - No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.

- **Laser Vision Correction**
  - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

**YOUR MONTHLY CONTRIBUTION**

- $9.38 Member only
- $18.76 Member + 1
- $19.23 Member + family

**YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.

*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.

Classification: Restricted

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