SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM SIMMONS 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.

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 $20 + UP TO 40% SAVINGS ON LENS ENHANCEMENTS

TO SPEND ON FEATURED FRAME BRANDS*

bebe  CALVIN KLEIN  COLE HAAN  FLEXON
LACOSTE  Nike  NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.

Enroll today.
enrollment.vsp.com

Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY
SIMMONS UNIVERSITY and VSP provide you with an affordable vision plan.

**VSP Signature**

**EFFECTIVE DATE:**
07/01/2021

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## BENEFIT DESCRIPTION

### YOUR COVERAGE WITH A VSP PROVIDER

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every plan year*</td>
</tr>
</tbody>
</table>
| PRESCRIPTION GLASSES | • $170 featured frame brands allowance  
                        | • $150 frame allowance  
                        | • 20% savings on the amount over your allowance | $25    | See frame and lenses |
| FRAME            | • $170 featured frame brands allowance  
                        | • $150 frame allowance  
                        | • 20% savings on the amount over your allowance | Included in Prescription Glasses | Every other plan year |
| LENSES           | • Single vision, lined bifocal, and lined trifocal lenses  
                        | • Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every plan year |
| LENS ENHANCEMENTS| • Standard progressive lenses  
                        | • Premium progressive lenses  
                        | • Custom progressive lenses  
                        | • Average savings of 40% on other lens enhancements | $0     | $80 - $90   |
| CONTACTS (INSTEAD OF GLASSES) | • $150 allowance for contacts; copay does not apply  
                        | • Contact lens exam (fitting and evaluation) | Up to $60 | Every plan year |
| PRIMARY EYECARE™ | • Retinal screening for members with diabetes  
                        | • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.  
                        | • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.  
                        | • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. | $0     | $20 per exam |

### EXTRA SAVINGS

- **Glasses and Sunglasses**
  - Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details.
  - 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.

### 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
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

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### 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.

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.

*Plan year begins in July

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Log in to [vsp.com](https://vsp.com) to find an in-network provider based on your plan type.

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*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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