A Look at Your VSP Vision Coverage

With VSP and SPACE EXPLORATION TECHNOLOGIES CORPORATION, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.

eyeconic[®] is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

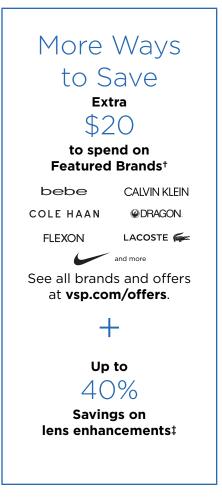
Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

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.

vsp vision care



Your VSP Vision Benefits Summary

SPACE EXPLORATION TECHNOLOGIES CORPORATION and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

EFFECTIVE DATE:

VSP Choice

01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$25 for exam and glasses	Every calendar year
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes 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. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	S		
FRAME [*]	 \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart*/Sam's Club*/Costco* frame allowance 	Combined with exam	Every calendar year
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every calendar year
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$200 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
LASER VISIONCARE PREFERRED PROGRAM	 \$2500 total allowance for both eyes available for employees only (dependents not eligible for this benefit) with latest date of hire before 01/01/2015, for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average 15% off the regular price or 5% off the promotional price (employees and dependents are eligible for discounts); discounts only available from contracted facilities 	\$0	Once per lifetime
EXTRA SAVINGS	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 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 		
OUR COVERAGE GOES	FURTHER IN-NETWORK		
With so many in-network cl	noices, VSP makes it easy to get the most out of your benefits. You'll have Log in to vsp.com to find an in-network provider. Your plan provides the fo up to \$50 Lined Bifocal Lensesup to \$75 F up to \$70 Lined Trifocal Lensesup to \$100 G	ollowing out-of-netw Progressive Lenses .	

Log in to **vsp.com** to find an in-network provider based on our plan type.

Single Vision Lensesup to \$50

*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. +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.

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