

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM ARIZONA METROPOLITAN TRUST 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.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic[®]—the VSP preferred online retailer.

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.





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: 800.877.7195 or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

ARIZONA METROPOLITAN TRUST and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRI
STA	NDARD COVERAGE WITH A VSP PROVIDER	२	PR	EMIUM COV
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every plan year* 	\$10	WELLVISION EXAM	 Focuses wellness Every p
PRESCRIPTION GLASSES \$20		PRESCRIPTION GLASSES		
FRAME	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Walmart*/Costco* frame allowance Every plan year 	Included in Prescription Glasses	FRAME	 \$225 all frames \$245 all brands 20% sav allowan \$120 Wa Every p
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	LENSES	 Single v trifocal Every p Polycar
LENS ENHANCEMENTS	 Every plan year Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every plan year 	\$55 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	 Standar Premiur Custom Average lens enh Every p
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	 \$175 allo not app Contact evaluati Every p
DIABETIC EYECARE PLUS PROGRAM	 Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20	DIABETIC EYECARE PLUS PROGRAM	 Services glaucon degene for eligi Limitati medical VSP doo As need
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 WellVision Exam. 			
	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 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. Once your benefit is effective, visit vsp.com for details. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. 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

*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.

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VSP Choice

PROVIDER NETWORK:



BENEFIT	DESCRIPTION	COPAY
PR	EMIUM COVERAGE WITH A VSP PROVIDER	
WELLVISION EXAM	 Focuses on your eyes and overall wellness Every plan year* 	\$10
PRESCRIPTION GLASSES		\$10
FRAME	 \$225 allowance for a wide selection of frames \$245 allowance for featured frame brands 20% savings on the amount over your allowance \$120 Walmart*/Costco* frame allowance Every plan year 	Included in Prescription Glasses
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Every plan year 	Included in Prescription Glasses
LENS ENHANCEMENTS	 Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every plan year 	\$0 \$25 \$25 \$25 \$25
CONTACTS (INSTEAD OF GLASSES)	 \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year 	Up to \$60
DIABETIC EYECARE PLUS PROGRAM	 Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 	\$20

VSP provider within 12 months of your last