



# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM NORTHROP GRUMMAN CORPORATION AND VSP.



Enroll in VSP® Vision Care to get personalized eye 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. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



### VSP EASYOPTIONS

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

**Like shopping online?** Go to [eyeconic.com](http://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®. This comprehensive 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.

### GET YOUR PERFECT PAIR

**EXTRA \$20** +  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS).

UP TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



**Enroll today.**

Contact us: **866.463.9954** or [vsp.com](http://vsp.com)

\*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.

## YOUR VSP VISION BENEFITS SUMMARY

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

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2022



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
<b>VISION PLAN</b> Coverage with a VSP Provider			<b>VISION CARE PLUS PLAN</b> Coverage with a VSP Provider		
<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>	\$10	<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>	\$10
<b>PRESCRIPTION GLASSES</b> \$10			<b>PRESCRIPTION GLASSES</b> \$10		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brand allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$220 featured frame brand allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$30 \$30	<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every other calendar year</li> </ul>	\$10	<b>VSP EASYOPTIONS (CHOOSE ONE OF THESE UPGRADES)</b>	<ul style="list-style-type: none"> <li>An additional \$50 frame allowance, or</li> <li>Fully covered premium or custom progressive lenses, or</li> <li>Fully covered impact-resistant lenses, or</li> <li>Fully covered anti-glare coating, or</li> <li>An additional \$50 contact lens allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
			<b>LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>every calendar year</li> </ul>	Up to \$10
<b>PRIMARY EYECARE™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members</li> <li>Limitations and coordination with your health medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>				\$0 \$10 per exam
<b>EXTRA SAVINGS</b>	<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://vsp.com/offers">vsp.com/offers</a> for details</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</li> </ul>				
	<b>Routine 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% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities</li> </ul>				

### 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. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage 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.

Classification: Restricted

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