A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM TRUSTEES OF PRINCETON UNIVERSITY 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.
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 more than 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®. 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

ADDITIONAL $50 + UP TO 40% SAVINGS ON LENS ENHANCEMENTS

Enroll today.
Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY

Trustees of Princeton University and VSP provide you with an affordable vision plan.

**VSP Signature**

**EFFECTIVE DATE:**

08/01/2021

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### PROVIDER NETWORK:

**VSP Signature**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WELLVISION EXAM</strong></td>
<td>Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every plan year</td>
</tr>
<tr>
<td><strong>ESSENTIAL MEDICAL EYE CARE</strong></td>
<td>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.</td>
<td>$0 per screening $20 per exam</td>
<td>Available as needed</td>
</tr>
</tbody>
</table>

### PRESCRIPTION GLASSES

<table>
<thead>
<tr>
<th>FRAME</th>
<th>$225 featured frame brand allowance</th>
<th>$175 frame allowance</th>
<th>20% savings on the amount over your allowance</th>
<th>$95 Walmart®/Sam’s Club®/Costco® frame allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>LENSES</td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Impact-resistant lenses for dependent children</td>
<td>Included in Prescription Glasses</td>
<td>Every plan year</td>
</tr>
<tr>
<td>LENS ENHANCEMENTS</td>
<td>Standard progressive lenses</td>
<td>Tints/Light-reactive lenses</td>
<td>Impact-resistant lenses</td>
<td>Scratch-resistant coating</td>
</tr>
</tbody>
</table>

### CONTACTS (INSTEAD OF GLASSES)

| • $150 allowance for contacts; copay does not apply | Up to $60 | Every plan year |

### EXTRA SAVINGS

**Glasses and Sunglasses**

Additional $50 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.

### YOUR ANNUAL CONTRIBUTION

| $58 Student only | $93 Student + spouse | $95 Student + child(ren) | $153 Student + 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.

<table>
<thead>
<tr>
<th>Exam</th>
<th>up to $50</th>
<th>Lined Bifocal Lenses</th>
<th>up to $75</th>
<th>Progressive Lenses</th>
<th>up to $75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame</td>
<td>up to $70</td>
<td>Lined Trifocal Lenses</td>
<td>up to $100</td>
<td>Contacts</td>
<td>up to $105</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>up to $50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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.

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

*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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