

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SYNOPSYS, INC. 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.

PREMIER 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.

VSP Signature Plus Plan

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you:

- \$250 frame allowance, or
- Fully covered premium or custom progressive lenses, or
- Fully covered light-reactive lenses, or
- Fully covered anti-glare coating, or
- \$200 contact lens allowance

GET YOUR PERFECT PAIR

EXTRA \$20

TO SPEND ON FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE WINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.

UP 40%
SAVINGS ON LENS
ENHANCEMENTS



Two Great Plans. Pick One.

Contact us: 833.280.4598 or benefitsolver.com

YOUR VSP VISION BENEFITS SUMMARY

Synopsys, Inc. and VSP provide you with a choice of affordable vision plans. Stay enrolled in the Signature Plan or upgrade to the VSP Signature Plus Plan to give your eyes extra love. PROVIDER NETWORK: **VSP** Signature **EFFECTIVE DATE:**



01/01/2021

Benefit	Description	Copay	Benefit	Description	Copay
VSP	Signature Plan Coverage with a VSP Pro	vider	VSP Sign	ature Plus Plan Coverage with a VSP	Provider
WellVision Exam	Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$10 \$39	WellVision Exam	Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$10 \$39
PRESCRIPTION GLASSES \$25			PRESCRIPTION GLASSES \$25		
Frame	\$155 allowance for a wide selection of frames \$175 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco* frame allowance Every other calendar year	Included in Prescription Glasses	Frame	 \$155 allowance for a wide selection of frames \$175 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco* frame allowance Every calendar year 	Included in Prescription Glasses
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses	Lenses	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160	Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year 	\$0 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Contacts (instead of glasses)	 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
			VSP Signature Plus Plan (choose one of these upgrades)	 \$250 frame allowance, or Fully covered premium or custon lenses, or Fully covered light-reactive lense Fully covered anti-glare coating, \$200 contact lens allowance 	es, or
VSP DIABETIC EVECARE	Retinal screening for members with Additional exams and services for n		oetes, glaucoma, o	r age-related macular degeneration.	\$0 \$20 per exam

VSP	
DIABETIC	
EYECARE	
PLUS	
PROGRAM™	

Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.

· As needed

Glasses and Sunglasses

EXTRA SAVINGS

- Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers 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.

Laser Vision Correction

· Average 15% savings on the regular price or 5% savings on 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. 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

^{*}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.