

Get access to the best in eye care and eyewear with HBC and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- High Quality Vision Care. You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- Choice of Providers. The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- · Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Save with VSP Coverage	Without VSP Coverage	With VSP Coverage	
Eye Exam	\$168	\$10	
Frame	\$150	\$10	
Single Vision Lenses	\$92		
Photochromic Adaptive Lenses	\$111	\$70	
Anti-reflective Coating	\$114	\$69	
Associate-only Annual Contribution	N/A	\$70	
Total	\$635	\$229	

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: \$406





Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.2 Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's online eyewear store.

Your VSP Vision Benefits Summary



VSP Provider Network: VSP Choice

HBC and VSP provide you with an affordable eye care plan.

VSP Coverage	Effective	Date:	01/01/2018
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Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$10	See frame and lenses
Frame	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$10	Every calendar year
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. 	\$20	As needed
	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialo 20% savings on additional glasses and sunglasses, including lens enhants of your last WellVision Exam.		any VSP provider within 12
Extra Savings Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			sion Exam
	Laser Vision CorrectionAverage 15% off the regular price or 5% off the promotional price; disc	ounts only availa	ble from contracted facilities
Your Monthly Contribution	\$5.85 Associate only \$11.71 Associate + spouse \$12.52 Associate + child	(ren) \$20.01 Ass	ociate + family

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Examup to \$40	Lined Bifocal Lensesup to \$52	Progressive Lensesup to \$52
Frameup to \$60	Lined Trifocal Lensesup to \$65	Contactsup to \$130
Single Vision Lensesup to \$30	·	

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

Contact us. 800.877.7195 | vsp.com

^{1.} Brands/Promotion subject to change.

^{2.} Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.