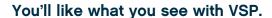


Get the best in eye care and eyewear with HBC and VSP® Vision Care.

Why enroll in VSP? We invest in the things you value most the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.



- High Quality Vision Care. You'll get the best care from a VSP provider, 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 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	
Eye Exam	\$163	
Frame	\$150	
Single Vision Lenses	\$90	
Photochromic Adaptive Lenses	\$109	
Anti-reflective Coating	\$113	
Associate-only Annual Contribution	N/A	
Total	\$625	

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.

Coverage	Coverage	
\$163	\$10	
\$150	\$10	
\$90	ΦΙΟ	
\$109	\$70	
\$113	\$69	
N/A	\$70.00	
\$625	\$229.00	

With VSP

Average Annual Savings with a VSP Provider: \$396.00



Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- · Find an eye care provider who's right for you. To find a VSP provider, 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 vsp.com.

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 more¹. Visit vsp.com to find a Premier Program location who carries these brands.

Your VSP Vision Benefits Summary



VSP Provider Network: VSP Choice

up to \$130

HBC and VSP provide you with an affordable eyecare plan.

VSP Coverage	Effoctivo	Data	01/01/2017
VSP Coverage	Effective	vate:	01/01/2017

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/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.			
Extra Savings	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhance	ement to a WellVis	sion Exam	
	 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 			
Your Monthly	\$5.85 Associate only \$11.71 Associate + spouse \$12.52 Associate + child	(ren) \$20.01 Ass	ociate + family	

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Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.					
Examup to \$40	Lined Bifocal Lensesup to \$52	Progressive Lensesup to \$52			

... up to \$65

Contacts ..

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.

Lined Trifocal Lenses ...

up to \$60

Contact us. 800.877.7195 | vsp.com

Frame