



Life is
better in
focus.™

Get access to the best in eye care and eyewear with HENDRIX COLLEGE 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.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **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. Plus, when you see a VSP network doctor, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

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 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 more.¹ 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 preferred online eyewear store.

Enroll in VSP today.
You'll be glad you did.
Contact us. 800.877.7195
vsp.com

Your VSP Vision Benefits Summary

HENDRIX COLLEGE and VSP provide you with an affordable eye care plan.



VSP Coverage Effective Date: 01/01/2020

VSP Provider Network: VSP Signature

| Benefit | Description | Copay | Frequency |
|--|---|-------------------------------------|----------------------|
| Your Coverage with a VSP Provider | | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$10 | Every 12 months |
| Prescription Glasses | | \$25 | See frame and lenses |
| Frame | <ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance | Included in Prescription Glasses | Every 24 months |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children | Included in Prescription Glasses | Every 12 months |
| Lens Enhancements | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements | \$0 \$80 - \$90 \$120 - \$160 | Every 12 months |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 months |
| Extra Savings | Glasses and Sunglasses <ul style="list-style-type: none"> 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. | | |
| | Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| | Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | | |

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.

| | | | | | |
|----------------------------|------------|-----------------------------|-------------|--------------------------|-------------|
| Exam | up to \$50 | Lined Bifocal Lenses | up to \$75 | Progressive Lenses | up to \$75 |
| Frame | up to \$70 | Lined Trifocal Lenses | up to \$100 | Contacts | up to \$105 |
| Single Vision Lenses | up to \$50 | | | | |

VSP guarantees coverage from VSP network 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.

| | 2020 Monthly Premiums | 2020 Bi-Weekly Premiums |
|---------------------|-----------------------------|-------------------------------|
| Employee Only | \$9.45 | \$4.73 |
| Employee & Spouse | \$15.12 | \$7.56 |
| Employee & Children | \$15.43 | \$7.72 |
| Family | \$24.88 | \$12.44 |

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.

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