

# Life is better in focus.<sup>™</sup>



## Access to high-quality eye care and eye wear with Chinese Community Health Plan (Adults) and VSP<sup>®</sup> Vision Care.

As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve.

### Using your VSP benefit is easy.

- 1. Create an account at [vsp.com](http://vsp.com).** Review your personalized benefit information.
- 2. Find a Advantage network eye doctor who's right for you.**  
Visit [vsp.com/advantage](http://vsp.com/advantage) or call **800.877.7195**.
- 3. At your appointment, tell them you have VSP.** Present your health plan medical ID card to your Advantage network doctor.

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

### Importance of an Eye Exam

Your VSP Advantage network doctor will help keep you and your eyes healthy with a WellVision Exam<sup>®</sup>—a comprehensive exam that can detect signs of health conditions such as glaucoma, diabetes, and macular degeneration.

Early diagnosis, especially with the rapid growth of pre-diabetes and diabetes, gets you the personalized care you deserve to manage your health and feel your best.

Contact us.

Visit [vsp.com](http://vsp.com)

Call **800.877.7195**

TTY **800.428.4833**

VSP Member Services is available:

Monday – Friday, 8 AM – 8 PM (PST)

Saturday – Sunday, 8 AM – 8 PM (PST)

# Your VSP Vision Benefits Summary



Chinese Community Health Plan (Adults Individual + SHOP Plan B) and VSP provide you with an affordable eye care plan.

| Benefit  | Description  | Copay                              | Frequency                 |
|--|--|------------------------------------|---------------------------|
| <b>Your Coverage with a VSP Advantage Network Doctor</b> |  |                                    |                           |
| <b>WellVision Exam</b>                                   | <ul style="list-style-type: none"> <li>Comprehensive exam that can detect signs of health conditions such as glaucoma, diabetes, and macular degeneration.</li> </ul>                              | \$10                               | Every calendar year       |
| <b>Prescription Glasses</b>                              |  | <b>\$25</b>                        |                           |
| <b>Frame</b>   | <ul style="list-style-type: none"> <li>\$130 allowance towards a frame of your choice, 20% discount off of amount above allowance</li> </ul>   | Included with prescription glasses | Every other calendar year |
| <b>Lenses</b>  | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and lenticular lenses</li> </ul>  | Included with prescription glasses | Every other calendar year |
| <b>Lens Enhancements</b>                                 | <ul style="list-style-type: none"> <li>Members can elect many popular lens enhancements at additional costs. VSP saves our members an average of 20-25% on elected lens enhancements.</li> </ul>   | N/A                                | Every other calendar year |
| <b>Contacts (instead of glasses)</b>                     | <ul style="list-style-type: none"> <li>\$130 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul> | \$60                               | Every other calendar year |
| <b>Your Coverage with Out-of-Network Providers</b>       |  |                                    |                           |

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](http://vsp.com) for plan details.

|                                   |                                       |                                   |
|-----------------------------------|---------------------------------------|-----------------------------------|
| Exam .....up to \$47              | Progressive Lenses.....up to \$50     | Lenticular Lenses.....up to \$75  |
| Frame.....up to \$45              | Lined Bifocal Lenses .....up to \$50  | Elective Contacts.....up to \$100 |
| Single Vision Lenses...up to \$30 | Lined Trifocal Lenses..... up to \$60 | Necessary Contacts...up to \$210  |

Once your benefit is effective, visit [vsp.com](http://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. [vsp.com](http://vsp.com) | 800.877.7195

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