

A Look at Your VSP Vision Coverage

With VSP and Swift Transportation,
your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Preferred private practice and retail in-network choices



Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways to Save

Up to an additional
\$50
to spend on
Featured Frame Brands†

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

See all brands and offers
at **vsp.com/offers**.



Up to
40%
Savings on
lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

†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.

*Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction 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 business. TruHearing is not available directly from VSP in the states of California and Washington.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP Premier Edge is a trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 111284 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Swift Transportation and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

Provider Network:

VSP Choice

Effective Date:

01/01/2024



VALUE OPTION

CORE OPTION

PREMIUM OPTION

	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
WELLVISION EXAM	<ul style="list-style-type: none"> Covered in full (\$0 copay) Every plan year 	<ul style="list-style-type: none"> Up to \$45 allowance 	<ul style="list-style-type: none"> Covered in full after \$20 exam copay Every plan year 	<ul style="list-style-type: none"> Up to \$45 allowance 	<ul style="list-style-type: none"> Covered in full after \$10 exam copay Every plan year 	<ul style="list-style-type: none"> Up to \$45 allowance
RETINAL SCREENING	<ul style="list-style-type: none"> Up to \$39 	<ul style="list-style-type: none"> Applied to exam allowance 	<ul style="list-style-type: none"> Up to \$39 	<ul style="list-style-type: none"> Applied to exam allowance 	<ul style="list-style-type: none"> Up to \$39 	<ul style="list-style-type: none"> Applied to exam allowance
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered in full (\$0 copay) Additional exams and services beyond routine care (\$20 per exam) Every plan year 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered in full (\$0 copay) Additional exams and services beyond routine care (\$20 per exam) Every plan year 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered in full (\$0 copay) Additional exams and services beyond routine care (\$20 per exam) Every plan year 	<ul style="list-style-type: none"> Not covered
PRESCRIPTION GLASSES	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> \$20 copay 	<ul style="list-style-type: none"> \$20 copay 	<ul style="list-style-type: none"> \$10 copay 	<ul style="list-style-type: none"> \$10 copay
FRAME⁺	<ul style="list-style-type: none"> 25% savings on the retail frame price with the purchase of a complete pair of glasses Unlimited 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> \$150 Featured Frame Brand allowance \$150 Visionworks frame allowance on any frame \$100 frame allowance (20% savings on the amount over your allowance) \$100 Walmart/Sam's Club frame allowance \$55 Costco frame allowance Every plan year 	<ul style="list-style-type: none"> Up to \$70 allowance 	<ul style="list-style-type: none"> \$250 Featured Frame Brand allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance (20% savings on the amount over your allowance) \$200 Walmart/Sam's Club frame allowance \$110 Costco frame allowance Every plan year 	<ul style="list-style-type: none"> Up to \$70 allowance
LENSES	<ul style="list-style-type: none"> Single vision lenses \$40 copay Lined bifocal lenses \$60 copay Lined trifocal lenses \$75 copay Impact-resistant lenses for children covered in full (\$0 copay) Unlimited 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Single vision lenses, Lined bifocal lenses, and Lined trifocal lenses covered in full after \$20 copay Impact-resistant lenses for children covered in full (\$0 copay) Every plan year 	<ul style="list-style-type: none"> Single vision lenses up to \$30 allowance Lined bifocal/progressive lenses up to \$50 allowance Lined trifocal lenses up to \$65 allowance Every plan year 	<ul style="list-style-type: none"> Single vision lenses, Lined bifocal lenses, and Lined trifocal lenses covered in full after \$20 copay Impact-resistant lenses for children covered in full (\$0 copay) Every plan year 	<ul style="list-style-type: none"> Single vision lenses up to \$30 allowance Lined bifocal/progressive lenses up to \$50 allowance Lined trifocal lenses up to \$65 allowance Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses \$55 copay Premium progressive lenses \$95-\$105 copay Custom progressive lenses \$150-\$175 copay Average savings of 30% on other lens enhancements Every plan year 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Standard progressive lenses \$0 copay Premium progressive lenses \$95-\$105 copay Custom progressive lenses \$150-\$175 copay Average savings of 30% on other lens enhancements Every plan year 	<ul style="list-style-type: none"> Up to \$50 allowance 	<ul style="list-style-type: none"> Standard progressive lenses \$0 copay Premium progressive lenses \$95-\$105 copay Custom progressive lenses \$150-\$175 copay Average savings of 30% on other lens enhancements Every plan year 	<ul style="list-style-type: none"> Up to \$50 allowance
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> 15% savings on contact lens professional fees. There is no discount or coverage for materials. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> \$100 materials allowance \$20 copay for contact lens exam (fitting and evaluation) Every plan year 	<ul style="list-style-type: none"> Up to \$105 allowance, including contact lens professional fees 	<ul style="list-style-type: none"> \$200 materials allowance \$10 copay for contact lens exam (fitting and evaluation) Every plan year 	<ul style="list-style-type: none"> Up to \$105 allowance, including contact lens professional fees

ADDITIONAL SAVINGS

Glasses and Sunglasses

- Discover all current eyewear offers and savings at vsp.com/offers.
- Value Option:** 20% savings on unlimited additional pairs of non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
- Core/Premium Option:** 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision exam.