

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND - ACTIVE PLAN AND VSP.



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 for additional savings.

PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.



The **Carpenters Center for Vision**, located at 4979 Indiana Avenue, Lisle, IL, is a **full service vision center** offering fashionable eyewear to fit your individual lifestyle needs. Services include a free vision exam and retinal screening, and a \$10 Protec Rx Safety Glass program for eligible carpenters.

Call today for an appointment!
(630)598-5120

GET YOUR PERFECT PAIR

EXTRA \$20 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT VSP.COM/OFFERS.

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Contact us. Call 800.877.7195 or
visit crrcvision.vspforme.com.

YOUR VSP VISION BENEFITS SUMMARY

Chicago Regional Council of Carpenters Welfare Fund – Active Plan and VSP provide you with affordable vision options. Choose the eye care essentials to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2021



Benefit	Description	Copay	Frequency
Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$0	Every calendar year
PRESCRIPTION GLASSES		\$0	See frame and lenses
Frames	<ul style="list-style-type: none"> • \$200 allowance for a wide selection of frames • \$220 allowance for featured frame brands • 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every calendar year
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 calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$95 – \$105 \$150 – \$175	Every calendar year
Contacts (in lieu of Glasses)	<ul style="list-style-type: none"> • \$125 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	\$40	Every calendar year
VSP Diabetic Eyecare Plus ProgramSM	<ul style="list-style-type: none"> • 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
ProTec Safety[®] Plan (Employees-Only Coverage)			
Frame	<ul style="list-style-type: none"> • Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear[®] collection • Certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	\$10 for frame and lenses	Every calendar year
Lenses	<ul style="list-style-type: none"> • Prescription single vision, lined bifocal, and lined trifocal • Polycarbonate and Progressives covered in full 	Combined with Frame	Every calendar year
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, 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. 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam.....up to \$45	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$65	Contacts Lenses.....up to \$105
Single Vision Lenses.....up to \$30	Lenticular.....up to \$100	

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. 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.

*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.

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