

A Look at Your VSP Vision Coverage

With VSP and AGC-INTERNATIONAL
UNION OF OPERATING ENGINEERS LOCAL
701, your health comes first.



As a member, you'll 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.

vsp
PREMIER
edge With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic
a vsp vision company Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

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.

vsp
vision care

More Ways to Save

Extra
\$20
to spend on
Featured Frame Brands[†]

bebe	Calvin Klein
COLE HAAN	DRAGON
FLEXON	LONGCHAMP PARIS

 and more

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



Up to
40%
Savings on
lens enhancements[‡]

Create an account today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary
 AGC-INTERNATIONAL UNION OF OPERATING
 ENGINEERS LOCAL 701 and VSP provide you with an
 affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2026



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 Routine retinal screening 	<small>\$0 Up to \$39</small>	Every 12 months																		
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	<small>\$20 per exam</small>	Available as needed																		
PRESCRIPTION GLASSES																					
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance Children under 18- Covered in full 	<small>Included in Prescription Glasses</small>	Every 24 months																		
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	<small>Included in Prescription Glasses</small>	Every 12 months																		
LENS ENHANCEMENTS	<ul style="list-style-type: none"> UV coating and scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	<small>\$0 \$0 \$95 - \$105 \$150 - \$175</small>	Every 12 months																		
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Children under 18- Covered in full 	<small>Up to \$60</small>	Every 12 months																		
PROTEC SAFETY® (EMPLOYEE-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 or Visionworks' safety frame selection \$65 frame allowance for any other safety frame outside of the ProTec Eyewear collection only available from a VSP provider, 20% savings on the amount over your allowance. 	<small>\$20 for frame and lenses</small>	Every 24 months																		
LENSES	<ul style="list-style-type: none"> Prescription single vision, lined bifocal, and lined trifocal Lenses and frame are certified according to the American National Standards Institute (ANSI) guidelines for impact protection 	<small>Combined with Frame</small>	Every 12 months																		
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 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. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 																				
COVERAGE WITH AN OUT-OF-NETWORK PROVIDER																					
<p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:</p> <table> <tr> <td>Exam</td> <td>up to \$45</td> <td>Lined Bifocal Lenses</td> <td>up to \$50</td> <td>Contacts</td> <td>up to \$105</td> </tr> <tr> <td>Frame</td> <td>up to \$70</td> <td>Lined Trifocal Lenses</td> <td>up to \$65</td> <td>Children under 18, materials covered after</td> <td></td> </tr> <tr> <td>Single Vision Lenses</td> <td>up to \$30</td> <td>Progressive Lenses</td> <td>up to \$50</td> <td>copay</td> <td></td> </tr> </table>				Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Contacts	up to \$105	Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Children under 18, materials covered after		Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50	copay	
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Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50	copay																	

*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. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Restricted