SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM LOCAL 6 AND VSP.

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

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. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 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—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA $20 + UP TO 40%
TO SPEND ON SAVINGS ON LENS
FEATURED FRAME BRANDS* ENHANCEMENTS

SEE MORE BRANDS AT VSP.COM/OFFERS.

Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY
LOCAL 6 and VSP provide you with an affordable vision plan.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| WELLVISION EXAM                      | • Focuses on your eyes and overall wellness  
• Please check if your Walmart/Sam’s Club/Costco optometrist is a participating retail provider | $10    | Every calendar year      |

<table>
<thead>
<tr>
<th>PRESCRIPTION GLASSES</th>
<th></th>
<th>$25</th>
<th>See frame and lenses</th>
</tr>
</thead>
</table>
| FRAME                               | • $150 featured frame brands allowance  
• $130 frame allowance  
• 20% savings on the amount over your allowance  
• $70 Walmart/Sam’s Club/Costco frame allowance | Included in Prescription Glasses | Every other calendar year |
| LENSES                              | • Single vision, lined bifocal, and lined trifocal lenses  
• Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every calendar year |
| LENS ENHANCEMENTS                   | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average savings of 40% on other lens enhancements | $0 | Every calendar year |
| CONTACTS (INSTEAD OF GLASSES)       | • $130 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every calendar year |

| ESSENTIAL MEDICAL EYE CARE          | • Retinal screening for members with diabetes  
• Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration.  
• Treatment and diagnosis of eye conditions, including pink eye, vision loss, and cataracts available for all members.  
• Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. | $0 | As needed |

| EXTRA SAVINGS                       | Glasses and Sunglasses  
• Extra $20 to spend on featured frame brands. Go to vsp.com/offers 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. | $0 | $20 per exam |

| Routine Retinal Screening           | No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam |       |                         |

| Laser Vision Correction             | 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. Call Member Services for out-of-network plan details.

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

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. 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.

Classification: Restricted

©2021 Vision Service Plan. All rights reserved.

VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks. VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.