

A Look at Your VSP Vision Coverage

With VSP and MARVELL SEMICONDUCTOR, INC., 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.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



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.



More Ways
to Save

Extra
\$20

to spend on
Featured 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

Your VSP Vision Benefits Summary

MARVELL SEMICONDUCTOR, INC. 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 Signature

EFFECTIVE DATE:

01/01/2023



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Retinal Screening: Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease. Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes 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. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings over your allowance \$110 Costco® frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Impact-resistant lenses Anti-glare coating Premium/custom progressive lenses 40% on other lens enhancements Every calendar year 	\$0 \$0 \$30 \$80 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; no copay Contact lens exam (fitting & evaluation) Every calendar year 	Up to \$25
LIGHTCARE*** INSTEAD OF GLASSES & CONTACTS	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses Every calendar year 	\$25

BENEFIT	DESCRIPTION	COPAY
BUY UP PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Retinal Screening: Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease. Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes 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. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings over your allowance \$110 Costco® frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Impact-resistant lenses Anti-glare coating Premium / custom progressive lenses 40% on other lens enhancements Every calendar year 	\$0 \$0 \$30 \$80 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; No copay Contact lens exam (fitting & evaluation) Every calendar year 	Up to \$25
LIGHTCARE*** INSTEAD OF GLASSES & CONTACTS	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses Every calendar year 	\$25
ADDITIONAL PAIRS OF EYEWEAR		
FRAME*	<ul style="list-style-type: none"> Second pair as listed above for frame, lenses, contacts or Lightcare 	\$25 for frame and lenses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Combined with Frame
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for additional contacts Contact lens exam (fitting & evaluation) Every calendar year 	Up to \$25
LASER VISIONCARESM PREFERRED PROGRAM (Once per lifetime)	<ul style="list-style-type: none"> \$1,000 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK 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 	\$0

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. 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.

YOUR COVERAGE GOES FURTHER IN-NETWORK		
Your plan provides the following out-of-network reimbursements:	Lined Trifocal Lenses	up to \$100
Frame	Single Vision Lenses	up to \$70 up to \$50
Exam	Lined Bifocal Lenses	up to \$50 up to \$75
	Progressive Lenses	up to \$75
	Contacts	up to \$105

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.

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