SEE HEALTHY AND LIVE HAPPY
WITH HELP FROM BALL STATE UNIVERSITY AND VSP.

Enroll in VSP® Vision Care to 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.
It’s easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

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
Standard Plan: Extra $20
Premium Plan: Extra $50
TO SPEND ON FEATURED FRAME BRANDS*
+
UP TO 40% SAVINGS ON LENS ENHANCEMENTS

SEE MORE BRANDS AT VSP.COM/OFFERS.

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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.

Enroll today.
Contact us: 800.877.7195 or vsp.com
YOUR VSP VISION BENEFITS SUMMARY

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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
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</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$15</td>
</tr>
<tr>
<td>PRESCRIPTION GLASSES</td>
<td></td>
<td>$25</td>
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<tr>
<td>FRAME</td>
<td>$150 frame allowance</td>
<td>Included in Prescription Glasses</td>
</tr>
<tr>
<td>LENSES</td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Included in Prescription Glasses</td>
</tr>
<tr>
<td>LENS ENHANCEMENTS</td>
<td>Standard progressive lenses</td>
<td>$0</td>
</tr>
<tr>
<td>CONTACTS (INSTEAD OF GLASSES)</td>
<td>$150 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
</tr>
<tr>
<td>ESSENTIAL MEDICAL EYE CARE</td>
<td>Retinal screening for members with diabetes</td>
<td>$0</td>
</tr>
<tr>
<td>EXTRA SAVINGS</td>
<td>Glasses and Sunglasses</td>
<td>$3.63/$5.25 Mbr Only</td>
</tr>
<tr>
<td>CONTRIBUTION 26 PAYS / 18 PAYS</td>
<td>$7.26/$10.49 Mbr + Spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$12.42/$17.94 Mbr + Family</td>
<td></td>
</tr>
</tbody>
</table>

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.

Log in to vsp.com to find an in-network provider based on your plan type.

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.

Classification: Restricted

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