Your Vision Benefits Summary

Get access to the best in eye care and eyewear with OLYMPIC STEEL, INCORPORATED and VSP® Vision Care.

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2019 VSP Provider Network: VSP Choice

OLYMPIC STEEL, INCORPORATED (BUY UP PLAN B) and VSP provide you with an affordable eyecare plan.

Visit **vsp.com** or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

- 1. Brands/Promotion subject to change.
- 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Core Plan A + Lens



Vour Coverage with a VSP Provider	Benefit	Description	Copay	
Wellness \$20		Your Coverage with a VSP Provider		
• \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • \$70 Walmart frame allowance • 20% savings on the amount over your allowance • Every 24 months • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months Lens Enhancements • Progressive lenses • Anti-reflective coating • Arerage savings of 20-25% on other lens enhancements • Every 12 months Contacts (instead of glasses) Contacts (instead of glasses) Diabetic Eyecare Plus Program Diabetic Eyecare Plus Program Program • \$130 allowance for contacts and contact lens exam (fitting and evaluation) • Every 12 months • 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. • As needed Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider		wellness	\$20	
Frame of frames \$150 allowance for featured frame brands \$70 Walmart frame allowance 20% savings on the amount over your allowance Every 24 months Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months Progressive lenses Anti-reflective coating Tints/Photochromic adaptive lenses Scratch-resistant coating Average savings of 20-25% on other lens enhancements Every 12 months Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Frescription Glasses Included in Prescription Glasses Included in Prescription Glasses Included in Prescription Glasses Anti-reflective coating Tints/Photochromic adaptive lenses Scratch-resistant coating Average savings of 20-25% on other lens enhancements Every 12 months Single vision, lined bifocal, and lined trifocal in Prescription Glasses \$0 Included in Prescription Glasses Scratch-resistant coating Prescription Glasses \$0 Included in Prescri	Prescription Glasses		\$20	
Lenses Polycarbonate lenses for dependent children Prescription Glasses Polycarbonate lenses for dependent children Prescription Glasses Progressive lenses Anti-reflective coating Tints/Photochromic adaptive lenses Scratch-resistant coating Average savings of 20-25% on other lens enhancements Every 12 months Contacts (instead of glasses) S130 allowance for contacts and contact lens exam (fitting and evaluation) Stevery 12 months 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. As needed Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider	Frame	of frames • \$150 allowance for featured frame brands • \$70 Walmart frame allowance • 20% savings on the amount over your allowance	Prescription	
Lens Enhancements - Anti-reflective coating - Tints/Photochromic adaptive lenses - Scratch-resistant coating - Average savings of 20-25% on other lens enhancements - Every 12 months - \$130 allowance for contacts and contact lens exam (fitting and evaluation) - 15% savings on a contact lens exam (fitting and evaluation) - Every 12 months - 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 As needed - Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider	Lenses	trifocal lenses Polycarbonate lenses for dependent children	Prescription	
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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. • As needed Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider	(instead of	contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	\$O	
 Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider 	Eyecare Plus	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	
		 Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
Extra Savings • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	Extra Savings			
 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		Average 15% off the regular price or 5% off the promotional price; discounts only available from		

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.

Examup to \$4	5 Linad Trifocal Langua to \$65
Frameup to \$7	Lined Trifocal Lensesup to \$65 Progressive Lensesup to \$50 Contactsup to \$105
Single Vision Lensesup to \$30	Contactsup to \$105
Lined Bifocal Lensesup to \$5	Contactsup to \$105

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.