Your VSP Vision Benefits Summary



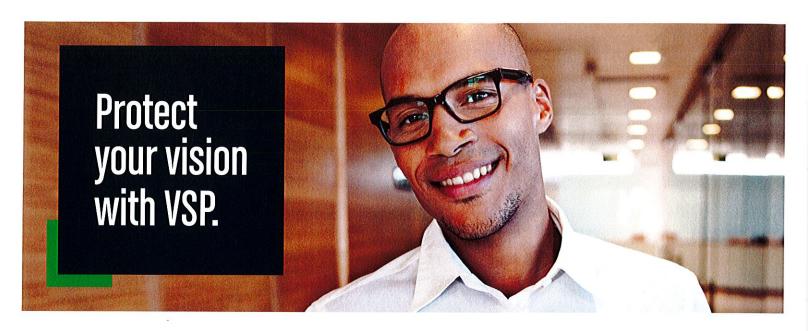
MUNICIPAL INSURANCE TRUST OF NORTH CAROLINA Premier Plan and VSP provide you with an affordable eye care plan.

| VSP Provider | | 1/00 | 0: |
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| vor Fluvidei | NELWOIK. | VOL | Sidilatuic |

| | | | VSP Provider Network: VSP Signati | | | |
|-------------------------------------|---|---|--|--|--|--|
| Benefit | Description | | Copay | Frequency | | |
| TOTAL STATE OF BUILDING | | Your Coverage with a VSP Provider | | | | |
| WellVision Exam | Focuses on your | r eyes and overall wellness | \$10 | Every 12 months | | |
| Prescription Glasses | | | \$20 | See frame and lenses | | |
| Frame | • \$140 allowance | for a wide selection of frames for featured frame brands the amount over your allowance | Included in Prescription Glasses | Every 12 months | | |
| Lenses | | ned bifocal, and lined trifocal lenses enses for dependent children | Included in Prescription Glasses | Every 12 months | | |
| Lens Enhancements | Standard progrePremium progresCustom progresAverage savings | essive lenses | \$50 \$80 - \$90 \$120 - \$160 | Every 12 months | | |
| Contacts (instead of glasses) | evaluation) | for contacts and contact lens exam (fitting and a contact lens exam (fitting and evaluation) | \$0 | Every 12 months | | |
| Diabetic Eyecare Plus Program | macular degene with diabetes. L | I to diabetic eye disease, glaucoma and age-related eration (AMD). Retinal screening for eligible members imitations and coordination with medical coverage your VSP doctor for details. | | As needed | | |
| | 30% savings on | plasses and on featured frame brands. Go to vsp.com/specia additional glasses and sunglasses, including lens er ur WellVision Exam. Or get 20% from any VSP provic | nhancements, from th | ne same VSP provider on t of your last WellVision Exa | | |
| Extra Savings | Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | | | | |
| | | ection the regular price or 5% off the promotional price; di se your frame allowance (if eligible) for sunglasses fi | | le from contracted facilitie | | |
| | | Your Coverage with Out-of-Network Providers | | | | |
| isit vsp.com for details, if | you plan to see a pro | vider other than a VSP network provider. | | | | |
| rameingle Vision Lenses | up to \$45 | Lined Bifocal Lensesup to \$65 Lined Trifocal Lensesup to \$84 | | up to \$8- up to \$10! | | |

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.

Contact us. 800.877.7195 | vsp.com



Get the best in eye care and eyewear with MUNICIPAL INSURANCE TRUST OF NORTH CAROLINA Premier Plan and VSP® Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- Value and Savings. You'll enjoy more value and the lowest out-of-pocket costs.
- High Quality Vision Care. You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- Choice of Providers. The decision is yours to make—choose a VSP provider or any out-of-network provider.
- Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye care provider who's right for you. To find a VSP provider, 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.

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 more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear



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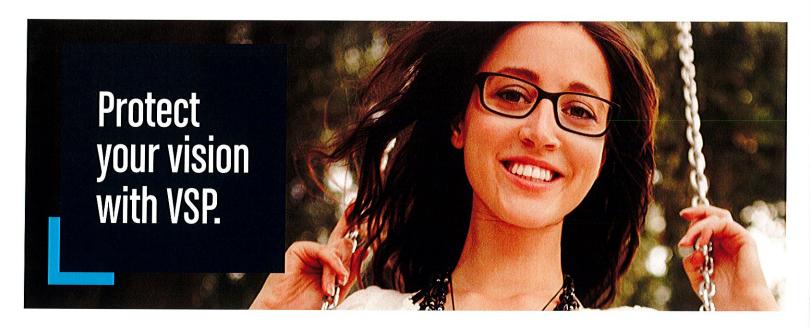
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VSP Provider Network: VSP Signature

| | | | VSP Provider Network: VSP Signati | | |
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| WellVision Exam | Focuses on you | r eyes and overall wellness | \$10 | Every 12 months | |
| Prescription Glasses | | | \$20 | See frame and lenses | |
| Frame | \$180 allowance | for a wide selection of frames for featured frame brands the amount over your allowance | Included in Prescription Glasses | Every 12 months | |
| Lenses | Single vision, lin | ed bifocal, and lined trifocal lenses | Included in Prescription Glasses | Every 12 months | |
| Lens Enhancements | Progressive lens Anti-reflective co Polycarbonate lo Average savings | pating | \$0 \$0 \$0 | Every 12 months | |
| Contacts (instead of glasses) | \$160 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) | | \$0 | Every 12 months | |
| Diabetic Eyecare Plus Program | 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. | | ers \$20 | As needed | |
| Eutro Coulogo | 30% savings on | lasses and on featured frame brands. Go to vsp.com/spec additional glasses and sunglasses, including lens ur WellVision Exam. Or get 20% from any VSP prov | enhancements, from th | ne same VSP provider on th of your last WellVision Exar | |
| Extra Savings | | \$39 copay on routine retinal screening as an enha | ancement to a WellVisi | on Exam | |
| | Laser Vision CorreAverage 15% offAfter surgery, us | nction the regular price or 5% off the promotional price; se your frame allowance (if eligible) for sunglasses | discounts only availab from any VSP doctor | le from contracted facilitie | |
| | | Your Coverage with Out-of-Network Providers | | | |
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