

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM 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](http://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.

#### PROVIDER NETWORK:

VSP Choice

#### EFFECTIVE DATE:

01/01/2025

Contact us:

**800.877.7195 or [vsp.com](http://vsp.com)**

| BENEFIT                                                           | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COPAY                                |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>YOUR COVERAGE WITH A VSP PROVIDER</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
| <b>WELLVISION EXAM</b>                                            | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$10                                 |
| <b>PRESCRIPTION GLASSES</b>                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$25                                 |
| <b>FRAME</b>                                                      | <ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart®/Sam's Club® frame allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Included in Prescription Glasses     |
| <b>LENSES</b>                                                     | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Included in Prescription Glasses     |
| <b>LENS ENHANCEMENTS</b>                                          | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>                              | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Up to \$60                           |
| <b>VSP EASYOPTIONS (MEMBERS CAN CHOOSE ONE OF THESE UPGRADES)</b> | <ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance.</li> <li>Every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Included in Prescription Glasses     |
| <b>PRIMARY EYECARE<sup>SM</sup></b>                               | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>                                                                                                                                                                                                                                                                              | \$0<br>\$20 per exam                 |
| <b>EXTRA SAVINGS</b>                                              | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul> |                                      |

#### 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.

Classification: Restricted

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