

Your VSP Vision Benefits Summary



HDIET PLAN B - OPTION 1 and VSP provide you with an affordable eyecare plan.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$100 allowance for a wide selection of frames \$120 allowance for featured frame brands 20% savings on the amount over your allowance \$70 allowance at Costco 	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children \$55 allowance for Progressives 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Tinted lenses Average savings of 20-25% on other lens enhancements 	\$0	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$105 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> 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. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 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. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$45	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	Tints.....up to \$5

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

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](tel:800.877.7195) | vsp.com

¹ Brands/Promotion subject to change.

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