




IMPORTANCE OF A VISION PLAN


WHAT CAN VISION INSURANCE DO FOR ME?


See healthy and live happy. As a VSP® member, you get personalized care from a local VSP network doctor at low out-of-pocket costs.

 Quality vision care you need to stay healthy

 A WellVision Exam®—a comprehensive exam designed to detect signs of vision and health conditions

 Address day-to-day concerns, like digital eye strain from prolonged exposure to digital devices

 Access to exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings with Exclusive Member Extras

 VSP members save an annual average of \$456—more money in your pocket



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YOUR VISION AND HEALTH COME FIRST WITH VSP

Using your VSP benefit is easy. Create an account, find your local VSP provider, and see your benefit at vsp.com today! There are no claims to file when you see a VSP provider.

COMBAT DIGITAL EYE STRAIN

Did you know you have blue light coverage through VSP insurance benefits? Blue light is all around us and prolonged exposure has been linked to digital eye strain that may impact your visual comfort—leaving you experiencing digital eye strain symptoms like eye fatigue, blurred vision, headaches, and dry or watery eyes.

Talk to your VSP eye doctor about your lifestyle and ask about the best options for reducing eye strain.

Contact us. 800.877.7195 | vsp.com

YOUR VSP VISION BENEFITS SUMMARY

Academic HealthPlans and VSP provide you with an affordable vision plan.

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	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$70 Walmart®/Sam's Club®/Costco® frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <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

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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

Coverage with a retail chain may be different or not apply. 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.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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