

A Look at your VSP Vision Coverage



With VSP and AWC - Plan B \$0 Copay, your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP® network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

vsp PREMIER edge With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic a vsp vision company Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2025

Create an account today.

Contact us at:
800.877.7195 or vsp.com

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

VSP guarantees member satisfaction from VSP 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. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Restricted

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$0
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none">\$220 featured frame brands allowance\$200 frame allowance20% savings on the amount over your allowance\$120 Walmart®/Sam's Club®/Costco® frame allowanceEvery 24 months	\$0
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	\$0
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesAnti-glare coatingTints/Light-reactive lensesScratch-resistant coatingPolarized lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery 12 months	\$0 \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$200 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)Every 12 months	\$0
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/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. <p>Routine 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 facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam	up to \$71	Lined Trifocal Lenses	up to \$65
Frame	up to \$77	Progressive Lenses	up to \$50
Single Vision Lenses	up to \$31	Contacts	up to \$135
Lined Bifocal Lenses	up to \$50	Tints	up to \$5