

A Look at Your VSP Vision Coverage

With VSP and PRISMA HEALTH, your health comes first.



Enroll in VSP® Vision Care to 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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

vsp
PREMIER
edge

Preferred private practice and retail in-network choices

private
practice
doctors

Visionworks

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.

KidsCare

Get the additional eye care your active, growing child needs—with two eye exams and a pair of glasses fully covered, every year.

	WITHOUT VSP	WITH VSP COVERAGE
Eye Exam	\$203	\$10
Frame	\$170	\$10
Bifocal Lenses	\$167	\$0
Custom Progressive Lenses	\$268	\$0
Anti-glare Coating	\$152	\$0
Impact-resistant Lenses	\$66	\$0
Member-only Annual Contribution	N/A	\$112.00
Total	\$1026	\$132.00

Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

YOUR ESTIMATED ANNUAL SAVINGS WITH VSP

\$894

Enroll through your employer today.
 Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

PRISMA HEALTH and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY
Base Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$20
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME*	<ul style="list-style-type: none"> \$195 featured frame brands allowance \$145 frame allowance 20% savings on the amount over your allowance \$75 Walmart®/Sam's Club® frame allowance KidsCare: Frames for children are available every calendar year Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Anti-glare coating Impact-resistant lenses Scratch-resistant coating Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$145 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
LIGHTCARE™	<ul style="list-style-type: none"> \$145 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year 	\$20

BENEFIT	DESCRIPTION	COPAY
Premier Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		\$10
FRAME*	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart®/Sam's Club® frame allowance KidsCare: Frames for children are available every calendar year Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Anti-glare coating Impact-resistant lenses Scratch-resistant coating Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$170 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
LIGHTCARE™	<ul style="list-style-type: none"> \$170 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year 	\$10

EXTRA SAVINGS	Glasses and Sunglasses
	<ul style="list-style-type: none"> Extra \$50 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 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](https://www.vsp.com) to find an in-network provider.

*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.

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