

# A Look at Your VSP Vision Coverage

With VSP and Google, 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.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

|   |   |
|---|---|
|  | Preferred private practice and retail in-network choices  |
|   |   |

### 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.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

  
vision care

More Ways  
to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe

CALVIN KLEIN

COLE HAAN

DRAGON

FLEXON

LACOSTE



and more

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

Up to

40%

Savings on

lens enhancements‡

Enroll through your employer today.  
Contact us: **844.869.4507** or [vsp.com](http://vsp.com)

†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.

\*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.

# Your VSP Vision Benefits Summary

Google and VSP provide you with an affordable vision plan.

**Provider Network:**

VSP Signature

**Effective Date:**

01/01/2024



| BENEFIT                              | DESCRIPTION  | COPAY                            | FREQUENCY            |
|--------------------------------------|--|----------------------------------|----------------------|
| <b>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>Routine retinal screening</li> </ul>   | \$0<br>Up to \$39                | Every calendar year  |
| <b>ESSENTIAL MEDICAL EYE CARE</b>    | <ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>  | \$20 per exam                    | Available as needed  |
| <b>PRESCRIPTION GLASSES</b>          |  |                                  |                      |
|                                      |  | \$25                             | See frame and lenses |
| <b>FRAME<sup>+</sup></b>             | <ul style="list-style-type: none"> <li>\$175 Featured Frame Brands allowance</li> <li>\$155 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$85 Walmart/Sam's Club/Costco frame allowance</li> </ul>  | Included in Prescription Glasses | Every calendar year  |
| <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> </ul>  | Included in Prescription Glasses | Every calendar year  |
| <b>LENS ENHANCEMENTS</b>             | <ul style="list-style-type: none"> <li>Tints/Light-reactive lenses</li> <li>Progressive lenses (all types)</li> <li>Anti-glare coating</li> <li>High-index lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>  | \$0<br>\$15<br>\$10<br>\$10      | Every calendar year  |
| <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> </ul>   | Up to \$60                       | Every calendar year  |
| <b>ADDITIONAL PAIR OF EYEWEAR</b>    |  |                                  |                      |
| <b>FRAME<sup>+</sup> AND LENSES</b>  | <ul style="list-style-type: none"> <li>Same allowance and frequency as your first pair benefit</li> </ul>  | \$25 for Frame and Lenses        | Every calendar year  |
| <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> </ul>   | Up to \$60                       | Every calendar year  |
| <b>COMPUTER VISIONCARE</b>           |  |                                  |                      |
| <b>COMPUTER VISION EXAM</b>          | <ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> </ul>   | \$25 for Exam and Glasses        | Every calendar year  |
| <b>FRAME AND LENSES</b>              | <ul style="list-style-type: none"> <li>\$140 Featured Frame Brands allowance</li> <li>\$120 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> </ul>   | Combined With Exam               | Every calendar year  |
| <b>ADDITIONAL SAVINGS</b>            | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Exclusive Member Extras</b></p> <ul style="list-style-type: none"> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul> |                                  |                      |

## 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://vsp.com) to find an in-network provider. Your plan provides the following out-of-network reimbursements:

|                                     |                                       |                          |
|-------------------------------------|---------------------------------------|--------------------------|
| Exam.....up to \$50                 | Lined Bifocal Lenses.....up to \$75   | Contacts.....up to \$105 |
| Frame.....up to \$70                | Lined Trifocal Lenses.....up to \$100 | Tints.....up to \$5      |
| Single Vision Lenses.....up to \$50 | Progressive Lenses.....up to \$75     |                          |

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](https://vsp.com).