

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP PROVIDER ⁴			
WELLVISION EXAM [®]	Focuses on your eyes and overall wellness	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME ⁵	\$180 featured frame brands allowance \$160 frame allowance 20% savings on the amount over your allowance	Included in Prescription Glasses	Every 12 months
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	- Progressive lenses (standard, premium, or custom) - Anti-glare coating - Light-reactive lenses - Impact-resistant lenses - Scratch-resistant coating - Tinted lenses - UV protection - Average savings of 30% on other lens enhancements	\$0 – \$175 \$41 – \$85 \$75 \$35 \$17 – \$33 \$15 – \$17 \$16	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$160 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses - 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 No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

Get the most out of your benefits and greater savings with a VSP network doctor. If you visit an out-of-network provider, you will have higher out-of-pocket expenses.

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		

Note: If you choose to see an out-of-network provider, you will receive less coverage. Payment is expected at the time of your visit. Following your appointment, submit your itemized claim to Vision Service Plan, Attention: Claim Services, PO Box 495918, Cincinnati, OH 45249-5918. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.

Based on applicable laws, benefits may vary by location. Discounts on products and additional savings are not available in the states of Washington and Vermont. Benefits associated with Premier Edge are not available for members in the State of Texas. Log in to learn more.

1. Available only to VSP members with applicable plan benefits. Offers are only available through VSP network doctors and in-network locations. Frame brands are subject to change.

2. 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.

3. Savings based on national averages for eye exams and most commonly purchased brands. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays and your premium.

4. Coverage terms and conditions are set forth in the policy under which individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy is issued.

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

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: Public