# A Look at Your VSP Vision Coverage

**With VSP and Pay & Save, Inc, 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.**

vsp vision care

### 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 thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.

### 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** 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.

## More Ways to Save

**Extra**

$20

**to spend on Featured Frame Brands†**

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

See all brands and offers at **vsp.com/offers**.

+

**Up to**

40%

**Savings on lens enhancements‡**

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

# Your VSP Vision Benefits Summary

Pay & Save, Inc and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**
VSP Choice

**EFFECTIVE DATE:**
01/01/2025

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| BENEFIT | DESCRIPTION | COPAY | FREQUENCY |
|---|---|---|---|
| **Your Coverage with a VSP Provider** | | | |
| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness<br>• Routine retinal screening | $20<br>Up to $39 | Every calendar year |
| **ESSENTIAL MEDICAL EYE CARE** | • Retinal imaging for members with diabetes covered-in-full<br>• 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.<br>• Coordination with your medical coverage may apply. Ask your VSP network doctor for details. | $20 per exam | Available as needed |
| **PRESCRIPTION GLASSES** | | **$20** | See frame and lenses |
| **FRAME†** | • $220 Enhanced Featured Frame Brands allowance<br>• $200 frame allowance<br>• 20% savings on the amount over your allowance<br>• $200 Walmart/Sam's Club frame allowance<br>• $110 Costco frame allowance | Included in Prescription Glasses | Every other calendar year |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every calendar year |
| **LENS ENHANCEMENTS** | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 30% on other lens enhancements | $0<br>$95 - $105<br>$150 - $175 | Every calendar year |
| **CONTACTS (INSTEAD OF GLASSES)** | • $150 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) | Up to $60 | Every calendar year |
| **ADDITIONAL SAVINGS** | **Glasses and Sunglasses**<br>• Discover all current eyewear offers and savings at **vsp.com/offers**.<br>• 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. | | |
| | **Laser Vision Correction**<br>• Average of 15% off the regular price; discounts available at contracted facilities. | | |
| | **Exclusive Member Extras for VSP Members**<br>• Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**.<br>• Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details.<br>• Enjoy everyday savings on health, wellness, and more with VSP Simple Values. | | |

## COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

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 $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 | | | | |

†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. Premier Edge is not available for some members in the state of Texas.

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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