

# A Look at Your VSP Vision Coverage

With VSP and University Hospital,  
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.



## 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.

**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**.

**+  
Up to  
40%  
Savings on  
lens enhancements‡**

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

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**.

†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.

©2023 Vision Service Plan. All rights reserved.

VSP, and WellVision Exam are registered trademarks, and VSP Premier Edge is a trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 106120 VCCM

Classification: Restricted

# Your VSP Vision Benefits Summary

University Hospital 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

Effective Date:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li><li>Every calendar year</li></ul>	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<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><li>Available as needed</li></ul>	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME <sup>+</sup>	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$150 Walmart/Sam's Club/Costco frame allowance</li><li>Every calendar year</li></ul>	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li><li>Every calendar year</li></ul>	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li><li>Every calendar year</li></ul>	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every calendar year</li></ul>	Up to \$60
VSP LIGHTCARE™	<ul style="list-style-type: none"><li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li><li>Every calendar year</li></ul>	\$20
YOUR PER PAY PERIOD CONTRIBUTION	<ul style="list-style-type: none"><li>Member Only</li><li>Member + Spouse</li><li>Member + Child(ren)</li><li>Member + Family</li></ul>	\$3.60 \$7.20 \$7.71 \$12.31

BENEFIT	DESCRIPTION	COPAY
BUY-UP PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li><li>Every calendar year</li></ul>	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<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><li>Available as needed</li></ul>	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME <sup>+</sup>	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$150 Walmart/Sam's Club/Costco frame allowance</li><li>Every calendar year</li></ul>	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li><li>Every calendar year</li></ul>	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li><li>Every calendar year</li></ul>	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every calendar year</li></ul>	Up to \$60
VSP EASYOPTIONS <sup>+</sup>	<b>Members can choose one of these upgrades</b> <ul style="list-style-type: none"><li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance</li><li>Every calendar year</li></ul>	Included in Prescription Glasses
VSP LIGHTCARE™	<ul style="list-style-type: none"><li>\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li><li>Every calendar year</li></ul>	\$20
YOUR PER PAY PERIOD CONTRIBUTION	<ul style="list-style-type: none"><li>Member Only</li><li>Member + Spouse</li><li>Member + Child(ren)</li><li>Member + Family</li></ul>	\$4.97 \$9.94 \$10.63 \$16.99

ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <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>40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 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.</li></ul>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li></ul>
	<b>Exclusive Member Extras</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><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>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li></ul>