# A Look at your VSP Vision Coverage

With VSP and COLDWATER, your health comes first.

As a member, you'll 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 thousands of choices, getting the most out of your benefits is easy at a edge VSP Premier Edge™ location.

### Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network eyeconic with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

# 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.

#### PROVIDER NETWORK:

**VSP** Signature

#### EFFECTIVE DATE:

01/01/2024

2024 VSP Vision **Insurance Monthly Rates** 

Single - \$7.89 Family - \$18.36

# Create an account today.

Contact us at: 800.877.7195 or vsp.com

+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.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on  ${\bf vsp.com}$ .

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Classification: Restricted



WELLVISION EXAM  • Focuses on your eyes and overall wellness • Every calendar year  • 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  PRESCRIPTION GLASSES  • \$170 featured frame brands allowance • \$150 frame allowance • \$150 frame allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance • Every other calendar year  • Single vision, lined bifocal, and lined trifocal lenses • Every calendar year  • Standard progressive lenses • Premium progressive lenses • Premium progressive lenses • Average savings of 40% on other lens enhancements • Every calendar year  • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year  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 promotional price; discounts only available from contracted facilities	BENEFIT	DESCRIPTION	COPAY
wellness • Every calendar year \$10  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  PRESCRIPTION GLASSES \$25  FRAME' \$170 featured frame brands allowance • \$150 frame allowance • \$150 frame allowance • \$150 frame allowance • \$150 walmart*/Sam's Club*/Costco* frame allowance • Every other calendar year  LENSES \$150 Walmart*/Sam's Club*/Costco* frame allowance • Every other calendar year  Single vision, lined bifocal, and lined trifocal lenses • Every calendar year  Standard progressive lenses • Impact-resistant lenses • Premium progressive lenses • Average savings of 40% on other lens enhancements • Every calendar year  CONTACTS (INSTEAD OF GLASSES) • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year  Routine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam  EXTRA SAVINGS  Wellness *\$0 per screening *\$20 per exam *\$20	YOUR COVERAGE WITH A VSP PROVIDER		
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  PRESCRIPTION GLASSES  \$25  PREME*  \$170 featured frame brands allowance  \$150 Walmart*/Sam's Club*/Costco* frame allowance  Every other calendar year  \$150 Walmart*/Sam's Club*/Costco* frame allowance  Every calendar year  \$150 Standard progressive lenses  Every calendar year  \$20 per exam  \$20 per exam		wellness	\$10
• \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance • Every other calendar year  • Single vision, lined bifocal, and lined trifocal lenses • Every calendar year  • Standard progressive lenses • Impact-resistant lenses • Peremium progressive lenses • Average savings of 40% on other lens enhancements • Every calendar year  CONTACTS (INSTEAD OF GLASSES)  CONTACTS (INSTEAD OF GLASSES)  ROUTING RETION • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year  ROUTING RETION • 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	MEDICAL EYE	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.	-
allowance  \$ \$150 frame allowance  \$ 20% savings on the amount over your allowance  \$ \$150 Walmart*/Sam's Club*/Costco* frame allowance  \$ \$150 Walmart*/Sam's Club*/Costco* frame allowance  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	PRESCRIPTION	GLASSES	\$25
LENSES   lined trifocal lenses   Prescription Glasses	FRAME*	allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$150 Walmart*/Sam's Club*/Costco* frame allowance	
Impact-resistant lenses \$0     Premium progressive lenses \$80 - \$90     Custom progressive lenses \$120 - \$160     Average savings of 40% on other lens enhancements     Every calendar year      CONTACTS (INSTEAD OF GLASSES)      **S150 allowance for contacts; copay does not apply     **Contact lens exam (fitting and evaluation)     **Every calendar year    Contact lens exam (fitting and evaluation)   Every calendar year    Routine Retinal Screening   No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam    EXTRA SAVINGS	LENSES	lined trifocal lenses	
does not apply		<ul> <li>Impact-resistant lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90
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	(INSTEAD OF	does not apply  Contact lens exam (fitting and evaluation)	Up to \$60
• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		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	

#### 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 to find an in-network provider.