A Look at Your VSP Vision Coverage

With VSP and APPLIED MEDICAL RESOURCES, 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 thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where eyeconic you can shop in-network 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.

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.

YSP vision care

More Ways to Save

Extra

\$20

to spend on Featured Frame Brands[†]

bebe

Calvin Klein

COLE HAAN

@DRAGON. LONGCHAMP

FLEXON



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



Up to

40%

Savings on lens enhancements‡

Your VSP Vision Benefits Summary

APPLIED MEDICAL RESOURCES and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



01/01/2024



DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider		
Focuses on your eyes and overall wellnessRoutine retinal screening	\$10 Up to \$39	Every calendar year
 Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. 	\$20 per exam	Available as needed
ES CONTRACTOR OF THE CONTRACTO	\$25	See frame and lenses
 \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$170 Walmart/Sam's Club frame allowance \$95 Costco frame allowance 	Included in Prescription Glasses	Every other calendar year
 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
 30% savings on unlimited additional pairs of prescription or non lens enhancements, from the same VSP provider on the same day from a VSP provider within 12 months of your last WellVision Exclusive Member Extras for VSP Members Contact lens rebates, lens satisfaction guarantees, and more offe Save up to 60% on digital hearing aids with TruHearing®. Visit vs details. 	-prescription glas as your WellVisio am. racted facilities. es from any VSP of ers at vsp.com/of p.com/offers/spe	n Exam. Or get 20% savings doctor fers.
	Your Coverage with a VSP Provider Focuses on your eyes and overall wellness Routine retinal screening Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. **S190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$170 Walmart/Sam's Club frame allowance \$170 Walmart/Sam's Club frame allowance \$170 walmart/Sam's Club frame allowance Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children **Standard progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements **\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Glasses and Sunglasses Extra \$20 to spend on Featured Frame Brands. Go to vsp.com/or 30% savings on unlimited additional pairs of prescription or non lens enhancements, from the same VSP provider on the same day from a VSP provider within 12 months of your last WellVision Extra Strain Correction Average of 15% off the regular price; discounts available at control After surgery, use your frame allowance (if eligible) for sunglasses Exclusive Member Extras for VSP Members Contact lens rebates, lens satisfaction guarantees, and more offe Save up to 60% on digital hearing aids with TruHearing*. Visit vs details.	Your Coverage with a VSP Provider Focuses on your eyes and overall wellness Routine retinal screening Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. Ses \$25 \$190 Featured Frame Brands allowance 20% savings on the amount over your allowance 170 Walmart/Sam's Club frame allowance 3170 Walmart/Sam's Club frame allowance 3180 Fescription Glasses 3180 Fescription Glasses 400 Fermium progressive lenses 400 Fermium

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 \$50 Lined Bifocal Lenses ______ up to \$75 Progressive Lenses ______ up to \$75 Frame ______ up to \$70 Lined Trifocal Lenses ______ up to \$100 Contacts ______ up to \$105 Single Vision Lenses ______ up to \$50

†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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