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 from VSP and leading industry brands.

**Provider choices you want.**
Maximize your benefits at a VSP Premier Edge™ location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.

**Quality vision care you need.**
You’ll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam helps to detect how well you see and allows a doctor to detect signs of eye 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.

Create an account today.
Contact us: 866.240.8344 or vsp.com
Your VSP Vision Benefits Summary

The University of California and VSP provide you with an affordable vision plan.

**Provider Network:**
- VSP Advantage

**Effective Date:**
- 01/01/2024

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### BENEFIT DESCRIPTION COPAY FREQUENCY

#### COVERAGE WITH A VSP PROVIDER

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<tr>
<th>BENEFIT</th>
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| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness  
• Routine retinal screening | $10 | Every calendar year |
| | **ESSENTIAL MEDICAL EYE CARE** | $20 | Available as needed |
| | • 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 | |
| **PRESCRIPTION GLASSES** | $25 | See frame and lenses |
| **FRAME**+ | • $180 Featured Frame Brands allowance  
• $160 frame allowance  
• 20% savings on the amount over your allowance  
• $90 Walmart/Sam’s Club/Costco frame allowance | Included in Prescription Glasses | Every other calendar year* |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses | Included in Prescription Glasses | Every calendar year |
| **LENS ENHANCEMENTS** | • Standard progressive lenses  
• Tints/Light-reactive lenses  
• Impact-resistant lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average savings of 20–25% on other lens enhancements | ♥ | Every calendar year |
| **CONTACTS (INSTEAD OF GLASSES)** | • Contact lens exam (fitting and evaluation)  
• 15% savings on a contact lens exam (fitting and evaluation)  
• $160 allowance for contacts; copay does not apply | Up to $60 | Every calendar year |

#### ADDITIONAL SAVINGS

- Glasses and Sunglasses
  - Discover all current eyewear offers and savings at vsp.com/offers.
  - 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
  - Average of 15% off the regular price or 5% off the promotion price; discounts available at contracted facilities.
  - After surgery, use your frame allowance (if eligible) for non-prescription sunglasses from any VSP doctor.

- Exclusive Member Extras
  - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
  - Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.
  - Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

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### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Your plan provides the following out-of-network reimbursements:

- Exam.................................up to $40
- Lined Bifocal Lenses...................up to $60
- Contacts................................up to $160
- Frame.................................up to $45
- Lined Trifocal Lenses............... up to $80
- Tints.....................................up to $5
- Single Vision Lenses................ up to $40
- Progressive Lenses.................. up to $80

For complete vision benefits information or to review the VSP Evidence of Coverage booklet, visit the UC benefits website at ucnet.universityofcalifornia.edu. To request a copy of the VSP Evidence of Coverage booklet, call VSP at 866.240.8344.

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*When contacts are obtained, frames become available the next calendar year.

†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.

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**Classification: Restricted**