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](http://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
Every calendar year

• Routine retinal screening

ESSENTIAL MEDICAL EYE CARE

• 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

PRESCRIPTION GLASSES

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

$0 $0 $0 $95 – $105 $150 – $175 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.

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.

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

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

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

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.

*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.
§Coverage with a retail chain may be different or not apply.

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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, Vision Service Plan, 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 vsp.com.

Classification: Restricted