

# Your VSP® Vision Benefits Summary



Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members. Or for complete vision benefit information, you can review the VSP Evidence of Coverage booklet at the UC benefits website—[ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)—or request a copy by calling VSP at **866.240.8344**. You can also contact VSP Customer Service at [imember@vsp.com](mailto:imember@vsp.com).

Members: UC Retirees

**VSP Provider Network:** VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam®</b>	• Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$160 allowance for a wide selection of frames</li> <li>• \$180 allowance on featured frame brands</li> <li>• \$90 allowance at Costco®</li> <li>• 20% savings on the amount over your allowance</li> </ul>	\$25	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses</li> <li>• Tints/Photochromic adaptive lenses</li> </ul>		Every calendar year
<b>Lens Enhancements</b>	<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 20%-25% on other lens enhancements</li> </ul>	\$55 \$55 \$55	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$110 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% savings on contact lens exam</li> </ul>	\$0	Every calendar year
<b>VSP Diabetic Eyecare Plus Program<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any 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 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$40    Single Vision Lenses.....up to \$40    Lined Trifocal Lenses.....up to \$80    Contacts.....up to \$110  
 Frame.....up to \$45    Lined Bifocal Lenses.....up to \$60    Progressive Lenses.....up to \$80    Tints.....up to \$5

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. VSP guarantees coverage from VSP network 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.

Contact us. [866.240.8344](tel:866.240.8344) | [vsp.com](http://vsp.com)