

# A Look at Your VSP Vision Coverage

With VSP and THE UNIVERSITY OF CALIFORNIA, 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 from VSP and leading industry brands.

### Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

	Preferred private practice and retail in-network choices
	 

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. 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](https://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.

**vsp**  
vision care

UNIVERSITY  
OF  
CALIFORNIA

## 2023 ACTIVES VISION

### More ways to save

VSP members get an extra \$20 to spend on Featured Frame Brands<sup>†</sup>, plus up to 40% savings on lens enhancements.<sup>‡</sup>

Create an account today.

Contact us: **866.240.8344** or [vsp.com](https://vsp.com)

# Your VSP Vision Benefits Summary

For complete vision benefit information, visit the UC benefits website at [ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu) to review the VSP Evidence of Coverage booklet or request a copy by calling VSP at 866.240.8344

## PROVIDER NETWORK:

VSP Advantage

## EFFECTIVE DATE:

01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Retinal screening</li> </ul>	\$10 \$20	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$25</b>	
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$180 featured frame brands allowance</li> <li>\$160 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$90 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year**
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <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> <p><b>Laser Vision Correction</b></p> <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> <li>After surgery, use your frame allowance (if eligible) for non-prescription sunglasses from any VSP doctor</li> </ul>		

## 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		

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

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

†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.