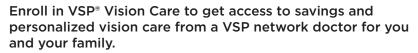
# A Look at Your VSP Vision Coverage

With VSP and Children's Hospital and Ann and Robert H. Lurie Children's Hospital of Chicago, your health comes first.



### 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 at over \$3,000 in savings.

### Provider choices you want.

With private practice doctors and Visionworks® retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge<sup>™</sup> location.

vsp PREMIER edge	Preferred private practice and retail in-network choices		
	private practice doctors	Visionworks	

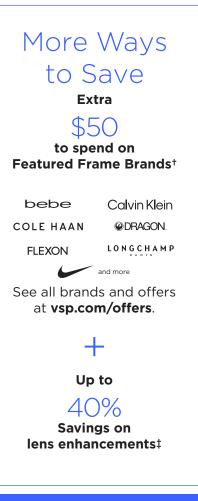
### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. An annual eye exam 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



### Enroll through your employer today. Contact us: 800.877.7195 or vsp.com

<sup>†</sup>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.

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

©2023 Vision Service Plan. All rights reserved. VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 118960 VCCM

## Your VSP Vision Benefits Summary

Ann and Robert H. Lurie Children's Hospital of Chicago and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

### **Provider Network:**

VSP Advantage Effective Date: 01/01/2024



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
BA	<b>SE PLAN</b> Coverage with a VSP Provider		PI	REMIUM PLAN Coverage with a VSP Provider	
WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39	WELLVISION EXAM	<ul> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exa
PRESCRIPTION G	LASSES (Glasses or Contacts and Frame)	\$25	PRESCRIPTION G	LASSES (Glasses or Contacts and Frame)	\$25
FRAME <sup>*</sup>	<ul> <li>\$180 Featured Frame Brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart/Sam's Club frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	FRAME <sup>*</sup>	<ul> <li>\$180 Featured Frame Brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescriptior Glasses
LENSES (INSTEAD OF CONTACTS)*	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	LENSES (INSTEAD OF CONTACTS)*	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescriptior Glasses
LENS ENHANCEMENTS	<ul> <li>Scratch-resistant coating</li> <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> <li>Every calendar year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul> <li>Scratch-resistant coating</li> <li>Impact-Resistant Lenses - Adults</li> <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>	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF LENSES IN GLASSES)*	<ul> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> <li>Two exams that focus on your every</li> </ul>	Up to \$60	CONTACTS (INSTEAD OF LENSES IN GLASSES)*	<ul> <li>Every calendar year</li> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
KIDSCARE (DEPENDENT CHILDREN ONLY	<ul> <li>and overall wellness</li> <li>Same frame allowance and lens coverage as primary benefit</li> <li>Additional pair of lenses or explored to the plane</li> </ul>	\$10 per exam \$25 for prescription lenses	KIDSCARE (DEPENDENT CHILDREN ONLY	needed (minimum prescription change required)	\$10 per exam \$25 for prescription lenses
MATERNITY BENEFIT	<ul> <li>Members pregnant or in postpartum up to one year after giving birth</li> <li>Additional exam that focuses on your eye and overall wellness</li> <li>Same frame allowance and lens coverage as primary benefit</li> <li>Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> <li>Every calendar year</li> </ul>	\$10 per exam \$25 for prescription lenses	MATERNITY BENEFIT	<ul> <li>Every calendar year</li> <li>Members pregnant or in postpartum up to one year after giving birth</li> <li>Additional exam that focuses on your eye and overall wellness</li> <li>Same frame allowance and lens coverage as primary benefit</li> <li>Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> <li>Every calendar year</li> </ul>	\$10 per exam \$25 for prescription lenses

**Glasses and Sunglasses** 

Discover all current eyewear offers and savings at vsp.com/offers.

 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 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.

#### YOUR COVERAGE GOES FURTHER IN-NETWORK

ADDITIONAL

SAVINGS

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.