



## VSP® Vision Care Plan Options

| COVERAGE WITH A VSP PROVIDER                                                                                 |                                   | Vision Plan Design                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                              |                                   | Advantage Premium Plus                                                                                                                                                                               |
| Frequency                                                                                                    |                                   | All Members                                                                                                                                                                                          |
| WellVision Exam®                                                                                             |                                   | Every calendar year                                                                                                                                                                                  |
| Lenses                                                                                                       |                                   | Every calendar year                                                                                                                                                                                  |
| Frame                                                                                                        |                                   | Every calendar year                                                                                                                                                                                  |
| Contact Lenses (instead of glasses)                                                                          |                                   | Every calendar year                                                                                                                                                                                  |
| Copays                                                                                                       |                                   |                                                                                                                                                                                                      |
| Eye health examination                                                                                       |                                   | Covered                                                                                                                                                                                              |
| Essential Medical Eye Care <sup>1</sup>                                                                      |                                   | \$20 per exam                                                                                                                                                                                        |
| Contact lens evaluation and fitting                                                                          |                                   | 15% savings                                                                                                                                                                                          |
| Prescription Glasses – Frame                                                                                 |                                   |                                                                                                                                                                                                      |
| Frame allowance (retail):                                                                                    |                                   | Up to \$130<br>OR<br>Up to \$180 Featured Frame Brands <sup>2</sup> or any frame at Visionworks<br>20% savings on the amount over your allowance                                                     |
| Prescription Glasses – Lenses                                                                                |                                   |                                                                                                                                                                                                      |
| Clear plastic single vision, lined bifocal, trifocal, or lenticular lenses (any size or prescription)        |                                   | Covered                                                                                                                                                                                              |
| Tints                                                                                                        |                                   | Covered                                                                                                                                                                                              |
| Scratch-resistant coating                                                                                    |                                   | Covered                                                                                                                                                                                              |
| Impact-resistant lenses (children/adults)                                                                    |                                   | \$0 / \$30                                                                                                                                                                                           |
| UV protection                                                                                                |                                   | \$10                                                                                                                                                                                                 |
| Anti-reflective (AR) coating (standard/premium/custom)                                                       |                                   | \$41 / \$69 / \$85                                                                                                                                                                                   |
| Progressive lenses (standard/premium/custom)                                                                 |                                   | \$0 / \$105 / \$175                                                                                                                                                                                  |
| High-index lenses                                                                                            |                                   | 80% of U&C <sup>3</sup>                                                                                                                                                                              |
| Polarized lenses                                                                                             |                                   | 80% of U&C                                                                                                                                                                                           |
| Light-reactive lenses (glass/plastic)                                                                        |                                   | \$75                                                                                                                                                                                                 |
| Blended lenses                                                                                               |                                   | 80% of U&C                                                                                                                                                                                           |
| Contacts (instead of glasses)                                                                                |                                   |                                                                                                                                                                                                      |
| Contact Lens: materials allowance                                                                            |                                   | Up to \$130 plus 15% savings on any overage                                                                                                                                                          |
| Medically Necessary Contact Lenses (with doctor approval)<br>Materials, evaluation, fitting & follow-up care |                                   | Covered                                                                                                                                                                                              |
| Additional Savings                                                                                           |                                   |                                                                                                                                                                                                      |
| Routine retinal screening                                                                                    |                                   | Up to \$39<br>Fully covered for members with diabetes                                                                                                                                                |
| Unlimited additional pairs of prescription or non-prescription eyewear                                       |                                   | 20% savings                                                                                                                                                                                          |
| Laser Vision Correction                                                                                      |                                   | Average of 15% off the regular price; discounts available at contracted facilities.                                                                                                                  |
| TruHearing                                                                                                   |                                   | Save up to 60% on digital hearing aids with TruHearing <sup>4</sup> . Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details. |
| COVERAGE WITH AN OUT-OF-NETWORK DOCTOR                                                                       |                                   |                                                                                                                                                                                                      |
| Exam: up to \$40                                                                                             | Lined Bifocal Lenses: up to \$60  | Lenticular Lenses: up to \$100                                                                                                                                                                       |
| Frame: up to \$50                                                                                            | Lined Trifocal Lenses: up to \$80 | Elective Contact Lenses: up to \$105                                                                                                                                                                 |
| Single Vision Lenses: up to \$40                                                                             | Progressive Lenses: up to \$50    | Medically Necessary Contact Lenses: up to \$225                                                                                                                                                      |

The **VSP Premier Edge™ Promise** is a worry-free eyewear guarantee that protects you from the unexpected—whether it's accidentally broken or damaged glasses, a prescription change, or a style change if you don't love the glasses you chose.<sup>5</sup>

Questions? Visit [vsp.com](https://vsp.com) or call 800.877.7195 (TTY: 711).

1. 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.  
2. Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.  
3. Usual and Customary Fees  
4. VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit [vsp.com/offers/special-offers/hearing-aids/truhearing](https://vsp.com/offers/special-offers/hearing-aids/truhearing). For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.  
5. Premier Edge Promise covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit [vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise](https://vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise) for terms and conditions.