Your VSP Vision Benefits Summary

UNIVERSITY HEALTH PLANS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

EFFECTIVE DATE:

VSP Choice

09/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$10	Once Every Plan Year*
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes 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 doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	S	\$25	
FRAME [⁺]	 \$180 featured frame brands allowance \$160 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Once Every Plan Year*
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Once Every Plan Year*
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Once Every Plan Year*
CONTACTS (INSTEAD OF GLASSES)	\$160 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Once Every Plan Year*
LIGHTCARE	 \$160 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$25	Once Every Plan Year*
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/fra 20% savings on additional glasses and sunglasses, including lens e 12 months of your last WellVision Exam. 		
EXTRA SAVINGS	Routine Retinal ScreeningNo more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR FALL CONTRIBUTION	\$196 Student only \$550 Student + Dependent(s)		

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. Your plan provides the following out-of-network reimbursements: Examup to \$45 Lined Bifocal Lenses up to \$50 Progressive Lenses up to \$50 Frameup to \$70 Lined Trifocal Lensesup to \$65 Contacts up to \$105 Single Vision Lensesup to \$30

*Plan Year Begins in September

Eligibility

-Enrollee -Legal Spouse of Enrollee -Domestic Partner of Enrollee -Dependent Children up to age 26

[†]Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

1Savings 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.

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