A Look at your VSP Vision Coverage

With VSP and Blanchester 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



edge VSP Premier Edge[™] location. Shop online and connect your benefits.

Eyeconic[®] is the preferred VSP online retailer where you can shop in-network eyeconic with your vision benefits. See your

With thousands of choices, getting the

most out of your benefits is easy at a

savings in real time when you shop over 70 brands of co sunglasses.

Quality vision care you no

You'll get great care from a including a WellVision Exam not only helps you see well, b signs of eye conditions and diabetes and high blood pres

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2024

Create an acc

Contact 800.877.7195

+Coverage with a retail chain may be different or n

VSP guarantees member satisfaction from VSP pro to change. In the event of a conflict between this in with VSP, the terms of the contract will prevail. Bas location. In the state of Washington, VSP Vision Ca through which VSP does business. TruHearing is no California and Washington.

To learn about your privacy rights and how your pr the VSP Notice of Privacy Practices on **vsp.com**.

©2023 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered Premier Edge are trademarks of Vision Service Plan of Marchon Eyewear, Inc. All other brands or marks 102898 VCCM Classification: Restricted

ontacts, eyeglasses, and		 \$150 Walmart*/Sam Club*/Costco* frame Every other calenda
VSP network doctor, VSP network doctor, n®. An annual eye exam but helps a doctor detect health conditions, like essure.	LENSES	 Single vision, lined the lined trifocal lenses Every calendar year
	LENS ENHANCEMENTS	 Standard progressiv Impact-resistant len Premium progressive Custom progressive Average savings of lens enhancements Every calendar year
	CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for c does not apply Contact lens exam (evaluation) Every calendar year
		 Routine Retinal Scree No more than a \$39 as an enhancement
	EXTRA SAVINGS	 Laser Vision Correction Average 15% off the promotional price; or contracted facilities After surgery, use you sunglasses from any
count today.	YOUR COVERA	AGE GOES FURTHER IN
us at: or vsp.com	With so many in-network choices, VSP your benefits. You'll have access to pre online in-network choices. Log in to vs	
not apply. oviders only. Coverage information is subject information and your organization's contract sed on applicable laws, benefits may vary by are, Inc., is the legal name of the corporation not available directly from VSP in the states of		
protected health information may be used, see		
d trademarks, and VSP LightCare and VSP n. Flexon and Dragon are registered trademarks is are the property of their respective owners.		

BENEFIT

DESCRIPTION



COPAY

YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	Focuses on your eyes and overall wellnessEvery calendar year	\$10	
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. Available as needed 	\$0 per screening \$20 per exam	
PRESCRIPTION	GLASSES	\$25	
FRAME⁺	 \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club*/Costco* frame allowance Every other calendar year 	Included in Prescription Glasses	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses	
LENS ENHANCEMENTS	 Standard progressive lenses Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every calendar year 	\$0 \$0 \$80 - \$90 \$120 - \$160	
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	
 Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 			
EXTRA SAVINGSLaser Vision Correction• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor			
YOUR COVERA	GE GOES FURTHER IN-NETWORK		

I-NETWORK

P makes it easy to get the most out of eferred private practice, retail, and **p.com** to find an in-network provider.