

# SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PRISM / CSURMA - OPTION 2 AND VSP.



As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

# **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 for additional savings.

# PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



**Like shopping online?** Go to **eyeconic.com**® and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

# QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive 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.

# EXTRA \$20 + UP 40% TO SPEND ON FEATURED FRAME BRANDS\* Debe CALVIN KLEIN COLE HAAN FLEXON LACOSTE NINE WEST SEE MORE BRANDS AT VSP.COM/OFFERS.

# 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.

# YOUR VSP VISION BENEFITS SUMMARY

PRISM / CSURMA - OPTION 2 and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:** 

**VSP Signature** 



01/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY				
	YOUR COVERAGE WITH A VSP PROVIDER						
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months				
ESSENTIAL MEDICAL EYE CARE	<ul> <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				
PRESCRIPTION GLASSE	ESCRIPTION GLASSES						
FRAME	<ul> <li>\$160 featured frame brands allowance</li> <li>\$140 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$75 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	Combined with exam	Every 12 months				
LENSES	<ul><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Combined with exam	Every 12 months				
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every 12 months				
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$130 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months				
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> <li>Routine Retinal Screening</li> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> <li>Laser Vision Correction</li> <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 sunglasses from any VSP doctor</li> </ul>						

# YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

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Exam	up to \$50	Lined Bifocal Lensesup to \$75	Progressive Lensesup to \$75
Frame	up to \$70	Lined Trifocal Lensesup to \$100	Contactsup to \$105
Single Vision Lenses	un to \$50		

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network 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.

<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.