

# A Look at your VSP Vision Coverage



With VSP and COUNTY OF FRESNO, 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.

**vsp PREMIER edge** With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## Shop online and connect your benefits.

**eyeconic** a vsp vision company Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 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®. 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.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2024

## Create an account today.

Contact us at:  
**800.877.7195 or vsp.com**

+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](http://vsp.com).

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Classification: Restricted

| BENEFIT                                  | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COPAY                                |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>YOUR COVERAGE WITH A VSP PROVIDER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| <b>WELLVISION EXAM</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every 12 months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$10                                 |
| <b>ESSENTIAL MEDICAL EYE CARE</b>        | <ul style="list-style-type: none"> <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> <li>Available as needed</li> </ul>                                                                                                                                                                                                                                                                                                                             | \$0 per screening<br>\$20 per exam   |
| <b>PRESCRIPTION GLASSES \$10</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| <b>FRAME*</b>                            | <ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every 24 months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Included in Prescription Glasses     |
| <b>LENSES</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every 12 months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Included in Prescription Glasses     |
| <b>LENS ENHANCEMENTS</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every 12 months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>     | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Up to \$60                           |
| <b>EXTRA SAVINGS</b>                     | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul> |                                      |

### YOUR COVERAGE GOES FURTHER IN-NETWORK

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](http://vsp.com) to find an in-network provider.