# A Look At Your VSP Vision Coverage

With VSP and State of Oregon, your health comes first.



Enroll in VSP<sup>®</sup> Vision Care to 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.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide.



#### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. 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.

### 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.



to spend on Featured Frame Brands<sup>+</sup>

More Ways

to Save

Extra

bebe

COLE HAAN LACOSTE 🐖

CALVIN KLEIN

**FLEXON** 

NINE WEST See all brands and offers at vsp.com/offers.

Up to

40% Savings on lens enhancements‡

Enroll through your employer today. Contact us: 800.877.7195 or vsp.com

## Your VSP Vision Benefits Summary

State of Oregon and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give

#### **Provider Network:**

**VSP** Signature



PLAN Coverage with a VSP Provider Focuses on your eyes and overall wellness Routine retinal screening Every calendar year Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond outine care to treat immediate issues from pink eye to sudden changes n 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 network doctor for details. Available as needed Sto Frame allowance BISO frame allowance ROW savings on the amount over your allowance	\$10 Up to \$39 \$20 per exam	WELLVISION EXAM ESSENTIAL MEDICAL EYE CARE	<ul> <li>PLUS PLAN Coverage with a VSP Provider</li> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> <li>Available as needed</li> </ul>	\$10 \$10
overall wellness Routine retinal screening Every calendar year Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond outine care to treat immediate issues rom pink eye to sudden changes n 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 network doctor for details. Available as needed S BTO Featured Frame Brands allowance BTO frame allowance 20% savings on the amount over your allowance	Up to \$39 \$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul> <li>overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> <li>Retinal imaging for members with diabetes covered-in-full</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 network doctor for details.</li> </ul>	\$10
with diabetes covered-in-full Additional exams and services beyond outine care to treat immediate issues rom pink eye to sudden changes n 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 network doctor for details. Available as needed STO Featured Frame Brands allowance Stop frame allowance 20% savings on the amount over your allowance		MEDICAL EYE CARE	<ul> <li>with diabetes covered-in-full</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 network doctor for details.</li> </ul>	\$20 per exar
\$170 Featured Frame \$170 Featured Frame \$150 frame allowance 20% savings on the amount over your allowance	\$25			
Brands allowance \$150 frame allowance 20% savings on the amount over your allowance		PRESCRIPTION G	LASSES	\$25
5150 Walmart/Sam's Club frame allowance 580 Costco frame allowance Every calendar year	Included in Prescription Glasses	FRAME <sup>+</sup>	<ul> <li>\$245 Featured Frame Brands allowance</li> <li>\$225 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$225 Walmart/Sam's Club frame allowance</li> <li>\$125 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
Single vision, lined bifocal, and lined trifocal lenses mpact-resistant lenses for dependent children Every calendar year	Included in Prescription Glasses	LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescriptior Glasses
Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements Every calendar year	\$0 \$80 - \$90 \$120 - \$160	LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$20 \$20 \$20
2000 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60
150 allowance for ready-made non-prescription sunglasses, or eady-made non-prescription blue ight filtering glasses, instead of orescription glasses or contacts Every calendar year	\$25	VSP LIGHTCARE <sup>***</sup>	<ul> <li>\$225 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$25
eve, eve teaming, lazy eve, eve focusing, and		VISION THERAPY	<ul> <li>You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement availability. Check with your doctor to see if you quality.</li> </ul>	
30% savings on unlimited additional pair	s of prescription of	or non-prescription gl		
<ul> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>				
	loes not apply Contact lens exam (fitting and evaluation) Every calendar year 150 allowance for ready-made ion-prescription sunglasses, or eady-made non-prescription blue ght filtering glasses, instead of prescription glasses or contacts Every calendar year You get a fully covered evaluation and pproved therapy sessions up to \$750 ressions cover diagnosis and treatmen ye, eye teaming, lazy eye, eye focusin leneral eye movement availability. Che loctor to see if you quality. Es and Sunglasses Discover all current eyewear offers and a 10% savings on unlimited additional pair ame VSP provider on the same day as y VellVision Exam. Vision Correction werage of 15% off the regular price; dis	loes not apply Contact lens exam (fitting and Up to \$60 evaluation) Every calendar year UI50 allowance for ready-made ion-prescription sunglasses, or eady-made non-prescription blue \$25 ght filtering glasses, instead of prescription glasses or contacts Every calendar year You get a fully covered evaluation and 75% off pproved therapy sessions up to \$750 annually. eessions cover diagnosis and treatment of turned ye, eye teaming, lazy eye, eye focusing, and general eye movement availability. Check with your loctor to see if you quality. Ees and Sunglasses Discover all current eyewear offers and savings at vsp.co 0% savings on unlimited additional pairs of prescription ame VSP provider on the same day as your WellVision E VellVision Exam. Vision Correction werage of 15% off the regular price; discounts available of the surgery, use your frame allowance (if eligible) for s	loes not apply       CONTACTS         valuation)       Every calendar year         150 allowance for ready-made       FGLASSES)         valuation)       \$25         ght filtering glasses, instead of       \$25         orrescription glasses or contacts       \$25         Every calendar year       VSP         'ou get a fully covered evaluation and 75% off       Up to \$60         pproved therapy sessions up to \$750 annually.       VISION         eneral eye movement availability. Check with your       VISION         loctor to see if you quality.       Provider on the same day as your WellVision Exam. Or get 20% savi         Solsover all current eyewear offers and savings at vsp.com/offers.       Or get 20% savi         10% savings on unlimited additional pairs of prescription or non-prescription g       ame VSP provider on the same day as your WellVision Exam. Or get 20% savi         Vision Correction       Nerage of 15% off the regular price; discounts available at contracted faciliti         werage of 15% off the regular price; discounts available at contracted faciliti	<ul> <li>loes not apply</li> <li>Contact lens exam (fitting and Up to \$60</li> <li>Very calendar year</li> <li>150 allowance for ready-made on-prescription sunglasses, or eady-made non-prescription blue \$25</li> <li>ght filtering glasses, instead of response of the same day as your WellVision Exam.</li> <li>Ysp LiGHTCARE**</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>Yusion The same day up and the same day as your WellVision exam.</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>You get a fully covered evaluation and 75% off persor glasses or contacts</li> <li>Every calendar year</li> <li>You get a fully covered evaluation and 75% off the regound and reatment of turned ye, eye teaming, lazy eye, eye focusing, and treatment of turned year encoment availability. Check with your loctor to see if you quality.</li> </ul>

Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. :

Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

<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. \*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.

©2022 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and Well/Vision Exam are registered trademarks and VSP LightCare is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM