

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM UNIVERSITY OF ROCHESTER AND VSP.



Enroll in VSP® Vision Care to get personalized eye 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.

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](http://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®—a comprehensive exam designed to detect eye and health conditions.

### USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](http://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.

### VSP IS AT YOUR FINGERTIPS.

Get the VSP mobile app for free in the Apple and Google Play stores. Access your member dashboard and vision ID card on the go!

## GET YOUR PERFECT PAIR

**EXTRA \$20 + UP TO 40%**  
TO SPEND ON  
FEATURED FRAME BRANDS\*  
SAVINGS ON LENS  
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://VSP.COM/OFFERS).



**Enroll today! Visit [YOURBenefitsExtras.com](http://YOURBenefitsExtras.com).**

Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

\*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.

# YOUR VSP VISION BENEFITS SUMMARY

THE UNIVERSITY OF ROCHESTER and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

## PROVIDER NETWORK:

VSP Choice

## EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY
<b>UR Vision Basic Coverage with a VSP Provider</b>		
<b>Your Monthly Contribution</b>	<ul style="list-style-type: none"> <li>\$4.07 Member only</li> <li>\$8.12 Member + spouse or domestic partner</li> <li>\$8.70 Member + child(ren)</li> <li>\$13.89 Member + family</li> </ul>	
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$35
<b>PRESCRIPTION GLASSES</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>20% off a complete pair of prescription glasses</li> <li>A total \$100 allowance for frame, lenses and lens enhancements, or contacts</li> <li>Every calendar year</li> </ul>	N/A
<b>Lenses</b>	<ul style="list-style-type: none"> <li>20% off a complete pair of prescription glasses</li> <li>A total \$100 allowance for frame, lenses and lens enhancements, or contacts</li> <li>Every calendar year</li> </ul>	N/A
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>20% off a complete pair of prescription glasses</li> <li>A total \$100 allowance for frame, lenses and lens enhancements, or contacts</li> <li>Every calendar year</li> </ul>	N/A
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$100 allowance for contacts and contact lens exam</li> <li>15% savings on contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	N/A
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <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>	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities</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 at 800.877.7195 for out-of-network plan details.	
Exam.....up to \$45	Contacts.....up to \$100
Glasses.....up to \$100	
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage 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.	

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark 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. 85785 VCCM

BENEFIT	DESCRIPTION	COPAY
<b>UR Vision Plus Coverage with a VSP Provider</b>		
<b>Your Monthly Contribution</b>	<ul style="list-style-type: none"> <li>\$7.92 Member only</li> <li>\$15.82 Member + spouse or domestic partner</li> <li>\$16.94 Member + child(ren)</li> <li>\$27.06 Member + family</li> </ul>	
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$20
<b>PRESCRIPTION GLASSES</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> <li>Every calendar year</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 calendar year</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 calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP DIABETIC EYECARE PLUS PROGRAM™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$0 \$20 per exam

EXTRA SAVINGS	
	<b>Glasses and Sunglasses</b> <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>
	<b>Routine Retinal Screening</b> <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>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities</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 at 800.877.7195 for out-of-network plan details.	
Exam.....up to \$45	Lined Trifocal Lenses.....up to \$65
Frames.....up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses.....up to \$30	Contacts.....up to \$185
Lined Bifocal Lenses.....up to \$50	

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