



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.
Maximize your coverage with bonus offers
and 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®. 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.

vsp
vision care

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.

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



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!

Enroll today! Visit YOURBenefitsExtras.com.

Contact us for benefit questions: **800.877.7195** or **vsp.com**

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:

01/01/2022



BENEFIT	DESCRIPTION	COPAY
UR Vision Basic Coverage with a VSP Provider		
YOUR MONTHLY CONTRIBUTION	<ul style="list-style-type: none"> \$4.07 Member only \$8.12 Member + spouse or domestic partner \$8.70 Member + child(ren) \$13.89 Member + family 	
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$35
PRESCRIPTION GLASSES		
FRAME	<ul style="list-style-type: none"> 20% off a complete pair of prescription glasses A total \$100 allowance for frame, lenses and lens enhancements, or contacts Every calendar year 	N/A
LENSES	<ul style="list-style-type: none"> 20% off a complete pair of prescription glasses A total \$100 allowance for frame, lenses and lens enhancements, or contacts Every calendar year 	N/A
LENS ENHANCEMENTS	<ul style="list-style-type: none"> 20% off a complete pair of prescription glasses A total \$100 allowance for frame, lenses and lens enhancements, or contacts Every calendar year 	N/A
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$100 allowance for contacts and contacts lens exam 15% savings on contact lens exam (fitting and evaluation) Every calendar year 	N/A
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% savings on additional glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price or 5% savings on the promotional price; discounts only available from contracted facilities. 	

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

Classification: Restricted

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.

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Flexon is a registered trademark of Marchon Eyewear, Inc.
All other brands or marks are the property of their respective owners. 103978 VCCM

BENEFIT	DESCRIPTION	COPAY
UR Vision Plus Coverage with a VSP Provider		
YOUR MONTHLY CONTRIBUTION	<ul style="list-style-type: none"> \$7.92 Member only \$15.82 Member + spouse or domestic partner \$16.94 Member + child(ren) \$27.06 Member + family 	
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$20
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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		\$20
FRAME	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details 20% savings on additional glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price or 5% savings on the promotional price; discounts only available from contracted facilities. 	

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