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.

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**Get Your Perfect Pair**

**EXTRA $20 + UP TO 40% SAVINGS ON LENS ENHANCEMENTS**

See more brands at vsp.com/offers

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**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!

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**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.

### BENEFIT | DESCRIPTION | COPAY
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#### UR Vision Basic Coverage with a VSP Provider

<table>
<thead>
<tr>
<th>YOUR MONTHLY CONTRIBUTION</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
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</thead>
</table>
| $4.07 Member only | **WellVision Exam**
Focuses on your eyes and overall wellness | Every calendar year
|- | - | $35 |
| $8.12 Member + spouse or domestic partner | **Prescription Glasses**
- 20% off a complete pair of prescription glasses
- A total $100 allowance for frames, lenses and lens enhancements, or contacts
- Every calendar year | N/A |
| $13.89 Member + family | **Lens Enhancements**
- 20% off a complete pair of prescription glasses
- A total $100 allowance for frames, lenses and lens enhancements, or contacts
- Every calendar year | N/A |

**Contacts (Instead of Glasses)**
- **Glasses and Sunglasses**
  - 20% savings on additional glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
- **Lens Enhancements**
  - Average of 15% off the regular price or 5% savings on the promotional price; discounts only available from contracted facilities.

**Extra Savings**
- **Glasses and Sunglasses**
  - 20% savings on additional glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
- **Laser Vision Correction**
  - Average of 15% off the regular price or 5% savings on the promotional price; discounts only available from contracted facilities.

#### UR Vision Plus Coverage with a VSP Provider

<table>
<thead>
<tr>
<th>YOUR MONTHLY CONTRIBUTION</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
</tr>
</thead>
</table>
| $7.92 Member only | **WellVision Exam**
Focuses on your eyes and overall wellness | Every calendar year
|- | - | $20 |
| $15.82 Member + spouse or domestic partner | **Prescription Glasses**
- 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 | Every calendar year
|- | - | $0 per screening |
| $27.06 Member + family | **Essential Medical Eye Care**
- **Extra Savings**
  - No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam | Every calendar year

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**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

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**Provider Network:**
VSP Choice
**Effective Date:**
01/01/2024

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**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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