



Make Eye Health a Priority with VSP!

Your health comes first with VSP and University of Rochester. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
@DRAGON FLEXON LONGCHAMP
and more

Up to **40%** savings on
lens enhancements‡

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

Enroll through your employer today.

Visit **YOURBenefitsExtras.com**.

Benefit questions?

vsp.com or **800.877.7195**

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

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!



Scan QR code
or visit **vsp.com**
to learn more.

*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. **Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +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. VSP Premier Edge™ is not available for some members in the state of Texas.

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. Visionworks and Eyeconic are VSP-affiliated companies.

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All other brands or marks are the property of their respective owners. 125909 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through University of Rochester. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:
VSP Choice
Effective Date:
01/01/2025



BENEFIT	DESCRIPTION	COPAY
UR VISION BASIC PLAN Coverage with a VSP Doctor		
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 wellnessRoutine retinal screeningEvery calendar year	\$35 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional 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 network doctor for details.Available as needed	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME+	<ul style="list-style-type: none">\$120 Featured Frame Brands allowance\$100 frame allowance20% savings on the amount over your allowance\$55 Walmart/Sam's Club/Costco frame allowanceEvery calendar year	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery calendar year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$100 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam.....	up to \$45	Lined Trifocal Lenses.....	up to \$65
Frame.....	up to \$70	Progressive Lenses.....	up to \$50
Single Vision Lenses.....	up to \$30	Contacts.....	up to \$85
Lined Bifocal Lenses.....	up to \$50		

BENEFIT	DESCRIPTION	COPAY
UR VISION PLUS PLAN Coverage with a VSP Doctor		
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 wellnessRoutine retinal screeningEvery calendar year	\$20 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional 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 network doctor for details.Available as needed	\$20 per exam
PRESCRIPTION GLASSES		\$20
FRAME+	<ul style="list-style-type: none">\$220 Featured Frame Brands allowance\$200 frame allowance20% savings on the amount over your allowance\$110 Walmart/Sam's Club/Costco frame allowanceEvery calendar year	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery calendar year	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$200 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam.....	up to \$45	Lined Trifocal Lenses.....	up to \$65
Frame.....	up to \$70	Progressive Lenses.....	up to \$50
Single Vision Lenses.....	up to \$30	Contacts.....	up to \$185
Lined Bifocal Lenses.....	up to \$50		

ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Discover all current eyewear offers and savings at vsp.com/offers.20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction <ul style="list-style-type: none">Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras <ul style="list-style-type: none">Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details.Everyday savings on health, wellness, and more with VSP Simple Values.