

VSP® Vision Care Plan Options

COVERAGE WITH A VSP PROVIDER		Vision Plan Design		
		Option I: Advantage Premium		Option II: Advantage Premium Plus
Frequency		Under 19	19 & over	All Members
WellVision Exam®		Every calendar year	Every other calendar year	Every calendar year
Lenses		Every calendar year	Every other calendar year	Every calendar year
Frame		Every calendar year	Every other calendar year	Every calendar year
Contact Lenses (instead of glasses)		Every calendar year	Every other calendar year	Every calendar year
Copays				
Eye health examination		Covered		
Essential Medical Eye Care ¹		\$20 per exam		
Contact lens evaluation and fitting		15% savings		
Prescription Glasses – Frame				
Frame allowance (retail):		Up to \$130 OR Up to \$180 Featured Frame Brands ² or any frame at Visionworks 20% savings on the amount over your allowance		
Prescription Glasses – Lenses				
Clear plastic single vision, lined bifocal, trifocal, or lenticular lenses (any size or prescription)		Covered		
Tints		Covered		
Scratch-resistant coating		Covered		
Impact-resistant lenses (children/adults)		\$0 / \$30		
UV protection		\$10		
Anti-reflective (AR) coating (standard/premium/custom)		\$41 / \$69 / \$85		
Progressive lenses (standard/premium/custom)		\$0 / \$105 / \$175		
High-index lenses		80% of U&C ³		
Polarized lenses		80% of U&C		
Light-reactive lenses (glass/plastic)		\$75		
Blended lenses		80% of U&C		
Contacts (instead of glasses)				
Contact Lens: materials allowance		Up to \$130 plus 15% savings on any overage		
Medically Necessary Contact Lenses (with doctor approval) Materials, evaluation, fitting & follow-up care		Covered		
Additional Savings				
Routine retinal screening		Up to \$39 Fully covered for members with diabetes		
Unlimited additional pairs of prescription or non-prescription eyewear		20% savings		
Laser Vision Correction		Average of 15% off the regular price; discounts available at contracted facilities.		
TruHearing		Save up to 60% on digital hearing aids with TruHearing ⁴ . Visit vsp.com/offers/special-offers/hearing-aids for details.		
COVERAGE WITH AN OUT-OF-NETWORK DOCTOR				
Exam: up to \$40	Lined Bifocal Lenses: up to \$60	Lenticular Lenses: up to \$100		
Frame: up to \$50	Lined Trifocal Lenses: up to \$80	Elective Contact Lenses: up to \$105		
Single Vision Lenses: up to \$40	Progressive Lenses: up to \$50	Medically Necessary Contact Lenses: up to \$225		

The **VSP Premier Edge™ Promise** is a worry-free eyewear guarantee that protects you from the unexpected—whether it's accidentally broken or damaged glasses, a prescription change, or a style change if you don't love the glasses you chose.⁵

Questions? Visit vsp.com or call 800.877.7195 (TTY: 711).

1. 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.
2. Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
3. Usual and Customary Fees.
4. VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.
5. Premier Edge Promise covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise for terms and conditions.