A Look at Your VSP Vision Coverage

With VSP and The University of Alabama at Huntsville, your health comes first.

Enroll in VSP[®] Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



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.

Using your benefit is easy!

YSP.

vision care

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.

	WITHOUT VSP	WITH VSP COVERAGE	
Eye Exam	\$194	\$15	
Frame	\$170	- \$25	
Bifocal Lenses	\$158		
Custom Progressive Lenses	\$254	\$120	
Scratch-resistant Coating	\$47	\$O	
Member-only Annual Contribution	N/A	\$96.96	
Total	\$823	\$256.96	

Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

YOUR ESTIMATED ANNUAL SAVINGS WITH VSP \$566.04

Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

The University of Alabama at Huntsville and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature **EFFECTIVE DATE:**

01/01/2023



DESCRIPTION	COPAY	FREQUENCY		
Your Coverage with a VSP Provider				
 Focuses on your eyes and overall wellness 	\$15	Every calendar year		
 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. 	\$0 per screening \$20 per exam	Available as needed		
S	\$25			
 \$210 featured frame brands allowance \$190 frame allowance 20% savings on the amount over your allowance \$105 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every other calendar year		
 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year		
 Standard progressive lenses Scratch-resistant coating Anti-glare coating Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$35 \$80 - \$90 \$120 - \$160	Every calendar year		
\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year		
EXTRA SAVINGS Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Poutine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor				
	 Your Coverage with a VSP Provider Focuses on your eyes and overall wellness 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. \$ \$210 featured frame brands allowance \$190 frame allowance \$190 frame allowance \$105 Walmart*/Sam's Club*/Costco* frame allowance \$ingle vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children \$tandard progressive lenses \$cratch-resistant coating Anti-glare coating Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/of 30% savings on additional glasses and sunglasses, including lens on the same day as your WellVision Exam. Or get 20% from any WellVision Exam. 	Your Coverage with a VSP Provider • Focuses on your eyes and overall wellness \$15 • Retinal screening for members with diabetes \$0 per screening • 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. \$0 per screening • Coordination with your medical coverage may apply. Ask your VSP doctor for details. \$25 • \$210 featured frame brands allowance Included in Prescription Glasses • \$105 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • \$105 Walmart*/Sam's Club*/Costco* frame allowance Included in Prescription Glasses • Standard progressive lenses \$0 • Standard progressive lenses \$0 • Scratch-resistant coating \$0 • Anti-glare coating \$30 • Anti-glare coating \$30 • Average savings of 40% on other lens enhancements \$100 + \$60 • \$150 allowance for contacts; copay does not apply Up to \$60 • \$150 allowance for contacts; copay does not apply Up to \$60 • \$150 allowance for contacts; copay does not apply Up to \$60 • \$150 allowance for contacts; copay does not apply Contact lens exam (fitting a		

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

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.

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.

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⁺Coverage with a retail chain may be different or not apply.