# Your VSP Vision Benefits Summary

Intergovernmental Personnel Benefit Cooperative - IPBC and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

**VSP** Choice



07/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
Your Coverage with a VSP Provider				
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul>	\$10 Up to \$39	Every 12 months	
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed	
PRESCRIPTION GLASSE	ES CONTRACTOR OF THE CONTRACTO	\$25	See frame and lenses	
FRAME <sup>+</sup>	<ul> <li>\$180 Featured Frame Brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart/Sam's Club</li> <li>\$70 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months	
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months	
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months	
CONTACTS (INSTEAD OF GLASSES)	<ul><li>\$130 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months	
ADDITIONAL SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Discover all current eyewear offers and savings at vsp.com/offers.</li> <li>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.</li> <li>Laser Vision Correction</li> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>Exclusive Member Extras for VSP Members</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>			

# YOUR COVERAGE GOES FURTHER IN-NETWORK

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.

#### **OUT-OF-NETWORK BENEFITS**

Benefit	Reimbursement	Frequency	
Exam	Up to \$45	Every 12 Months	
Prescription Glasses			
Frames	Up to \$70	Every 24 Months	
Standard Plastic Lenses     Single Vision     Bifocal     Trifocal     Lenticular	Up to \$30 Up to \$50 Up to \$65 Up to \$100	Every 12 Months	
Contacts (Instead of Glasses)		Every 12 Months	
Conventional     Medically Necessary	Up to \$105 Up to \$210		

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

<sup>\$</sup>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. +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. 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.

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# A Look at Your VSP Vision Coverage

With VSP and Intergovernmental Personnel Benefit Cooperative - IPBC, 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.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge<sup>™</sup> location.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

#### 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.

### **Eniov more savings and offers.**

Get access to more than \$3,000 in savings with **VSP Exclusive Member Extras**, like rebates for popular contact lens brands, savings on LASIK, and more.





More Ways to Save

Extra

\$50

to spend on Featured Frame Brands<sup>†</sup>

bebe

Calvin Klein

COLE HAAN

@DRAGON.

**FLEXON** 

LONGCHAMP



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



Up to

40%

Savings on lens enhancements‡