

# Make Eye Health a Priority with VSP!

Your health comes first with VSP and Workday, Inc. Take a look at your VSP vision care coverage.



VSP members save an annual average of

## More Ways to Save

Extra \$20 to spend on Featured Frame Brands<sup>†</sup>

bebe @DRAGON. Calvin Klein

COLE HAAN LONGCHAMP **FLEXON** 



Up to 40% savings on

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

Create an account today. Questions? vsp.com or 800.877.7195



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

#### 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 choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.



Save up to \$250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online evewear store.

#### 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.

<sup>†</sup>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

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<sup>¬</sup> 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 ©2024 Vision Service Plan. All rights reserved.

### Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Workday, Inc.

**Provider Network:** VSP Signature **Effective Date:** 01/01/2025



| BENEFIT                                  | DESCRIPTION   | COPAY   | FREQUENCY            |  |
|--|---|---|----------------------|--|
| COVERAGE WITH A VSP DOCTOR               |   |   |                      |  |
| WELLVISION<br>EXAM®                      | <ul><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul>   | \$0<br>\$0                                      | Every calendar year  |  |
| ESSENTIAL<br>MEDICAL<br>EYE CARE         | <ul> <li>One additional 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 GLA                         | ASSES   | \$25  | See frame and lenses |  |
| FRAME <sup>+</sup>                       | <ul> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>  | Included in<br>Prescription<br>Glasses          | Every calendar year  |  |
| LENSES                                   | <ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>   | Included in<br>Prescription<br>Glasses          | Every calendar year  |  |
| LENS<br>ENHANCEMENTS <sup>†</sup>        | <ul> <li>Standard progressive lenses</li> <li>Premium and Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Impact-resistant lenses</li> <li>High-index lenses</li> <li>UV protection</li> <li>Average savings of 40% on other lens enhancements</li> </ul>  | \$0<br>\$50<br>\$35<br>\$0<br>\$0<br>\$0        | Every calendar year  |  |
| CONTACTS<br>(INSTEAD OF<br>GLASSES)      | <ul> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>  | Up to \$60                                      | Every calendar year  |  |
| VSP<br>LIGHTCARE <sup>**†</sup>          | <ul> <li>\$200 allowance for ready-made non-prescription sunglasses, or<br/>ready-made non-prescription blue light filtering glasses, instead<br/>of prescription glasses or contacts</li> </ul>  | \$25  | Every calendar year  |  |
| KIDSCARE<br>(DEPENDENT<br>CHILDREN ONLY) | <ul> <li>Two exams that focus on your eye and overall wellness</li> <li>Same frame allowance and lense coverage as primary benefit</li> <li>Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> </ul>  | \$0 per exam<br>\$25 for<br>prescription lenses | Every calendar year  |  |
| VISION THERAPY                           | <ul> <li>You get a fully covered evaluation and 75% off approved therapy<br/>sessions up to \$750 annually. Sessions cover diagnosis and treatment<br/>of turned eye, eye teaming, lazy eye, eye focusing, and general eye<br/>movement ability. Check with your doctor to see if you qualify.</li> </ul>   | \$0   | Every calendar year  |  |
| ADDITIONAL<br>SAVINGS                    | Glasses and Sunglasses  Discover all current eyewear offers and savings at vsp.com/offers.  Glasses and Sunglasses  Discover all current eyewear offers and savings at vsp.com/offers.  Glasses and Sunglasses  Discover all current eyewear offers and savings at vsp.com/offers.  Glasses and Sunglasses  Compaction the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.  Laser Vision Correction  Average of 15% off the regular price; discounts available at contracted facilities.  Exclusive Member Extras  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. |   |                      |  |

#### 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 (retinal screening)up to \$90 | Lined Bifocal Lensesup to \$75   | Contactsup to \$105           |
|------------------------------------|----------------------------------|-------------------------------|
| Frameup to \$90                    | Lined Trifocal Lensesup to \$100 | Necessary Contactsup to \$210 |
| Single Vision Lensesup to \$50     | Progressive Lensesup to \$75     |                               |