

A Look at Your VSP Vision Coverage

With VSP and Business Health Trust, 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 at 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!

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.

vsp
vision care

More Ways to Save

**An additional
\$50
to spend on
Featured Frame Brands†**

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

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

+
**Up to
40%
Savings on
lens enhancements‡**

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

†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.

*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.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare is a trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 111284 VCCM

Classification: Restricted

Your VSP Vision Benefits Summary

Business Health Trust and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

Provider Network:

VSP Choice

Effective Date:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
CHOICE PLAN A COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$250 Featured Frame Brands allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance \$110 Costco frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 24 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses UV protection 	\$0 \$0	Every 24 months
CONTACTS	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 24 months
LIGHTCARE[™]+	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light, instead of prescription glasses or contacts 	\$25	Every 24 months
CHOICE PLAN B COVERAGE WITH A VSP PROVIDER - Computer VisionCare is available for an additional cost			
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$250 Featured Frame Brands allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance \$110 Costco frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses UV protection 	\$0 \$0	Every 12 months
CONTACTS	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
LIGHTCARE[™]+	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light, instead of prescription glasses or contacts 	\$25	Every 24 months
CHOICE PLAN C COVERAGE WITH A VSP PROVIDER - Computer VisionCare is available for an additional cost			
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$250 Featured Frame Brands allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance \$110 Costco frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses UV protection 	\$0 \$0	Every 12 months
CONTACTS	<ul style="list-style-type: none"> \$160 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
LIGHTCARE[™]+	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light, instead of prescription glasses or contacts 	\$25	Every 12 months
ALL PLAN OPTIONS			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease 	Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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 network doctor for details. 	\$20 per exam	Available as needed
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. 		