

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 $^{\text{\tiny{M}}}$ 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.

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.



More Ways to Save

Extra

\$20

to spend on Featured Brands[†]

bebe

CALVIN KLEIN

COLE HAAN

FLEXON



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



Up to

40%

Savings on lens enhancements:

Your VSP Vision Benefits Summary

WASHINGTON COUNTIES INSURANCE FUND - STANDARD PLAN and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice



01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
Your Coverage with a VSP Provider				
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$0	Every 12 months	
ESSENTIAL MEDICAL EYE CARE	 Retinal screening 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 doctor for details. 	\$20 per exam	Available as needed	
PRESCRIPTION GLASSES		\$15	See frame and lenses	
FRAME [†]	 \$195 featured frame brands allowance \$175 frame allowance 20% savings on the amount over your allowance \$95 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every 24 months	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months	
LENS ENHANCEMENTS	 Standard progressive lenses Anti-glare coating Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months	
CONTACTS (INSTEAD OF GLASSES)	\$155 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months	
EXTRA SAVINGS	Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine 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 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. Your plan provides the following out-of-network reimbursements: Exam				

†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.

Lined Trifocal Lensesup to \$65

Progressive Lensesup to \$50

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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Frameup to \$70

Single Vision Lensesup to \$30

Tintsup to \$5