

Your VSP Vision Benefits Summary

International Association of Plumbing & Mechanical Officials and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:  
VSP Choice

EFFECTIVE DATE:  
08/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul>	\$0 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><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 GLASSES		\$0	See frame and lenses
FRAME*	<ul style="list-style-type: none"><li>\$220 Featured Frame Brands allowance</li><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$200 Walmart/Sam's Club frame allowance</li><li>\$110 Costco frame allowance</li></ul>	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"><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 style="list-style-type: none"><li>Standard progressive lenses</li><li>Tints/Light-reactive lenses - Children</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$200 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	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</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></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li></ul>		
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li><li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li></ul>		
COVERAGE WITH AN OUT-OF-NETWORK PROVIDER			
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 <a href="https://vsp.com">vsp.com</a> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50
		Contacts .....	up to \$105

<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.  
<sup>+</sup>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](https://vsp.com).

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