

Make Eye Health a Priority with VSP!

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



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on
Featured Frame Brands†

bebe Calvin Klein COLE HAAN
@DRAGON FLEXON LONGCHAMP
and more

Up to **40%** savings on
lens enhancements‡

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

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!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at eyeconic.com®. You'll get the most out of your benefits at a VSP Premier Edge™ location.

vsp
PREMIER
edge

Preferred private practice and retail in-network choices

private
practice
doctors

Visionworks

Enroll through your employer today.

Questions?

vsp.com or **800.877.7195**



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

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.

*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 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. VSP 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. Visionworks and Eyeconic are VSP-affiliated companies.

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All other brands or marks are the property of their respective owners. 125909 VCCM

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through PayPal Holdings, Inc. Get coverage for essentials, or upgrade to enhance your coverage options.

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



BENEFIT	DESCRIPTION	COPAY
ENHANCED PLAN Coverage with a VSP Doctor		
WELLVISION EXAM*	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$0 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional 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.Available as needed	\$0 per exam
PRESCRIPTION GLASSES \$20		
FRAME+	<ul style="list-style-type: none">\$170 Featured Frame Brands allowance\$150 frame allowance20% savings on the amount over your allowance\$80 Walmart/Sam's Club/Costco frame allowanceEvery calendar year	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	<ul style="list-style-type: none">Standard progressive lensesAnti-glare coatingPremium progressive lensesCustom progressive lensesAverage savings of 40% on other lens enhancementsEvery calendar year	\$0 \$35 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60
ADDITIONAL PAIR OF EYEWEAR		
FRAME+ AND LENSES	<ul style="list-style-type: none">Same frame allowance and coverage as your first pair frame and lensesEvery calendar year	\$20 for frame and lenses
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for additional contactsContact lens exam (fitting and evaluation)Every calendar year	Up to \$60
LASER VISIONCARE PREFERRED PROGRAM ¹	<ul style="list-style-type: none">\$1000 allowance for both eyes on LASIK, Custom LASIK, PRK, SMILE, Contoura, or other FDA-approved laser vision correction proceduresAverage of 15% off the regular price; discounts available at contracted facilitiesAfter surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctorOnce per lifetime	\$0
VSP LIGHTCARE™+1	<ul style="list-style-type: none">\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contactsEvery calendar year	\$20
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Discover all current eyewear offers and savings at vsp.com/offers.30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from 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.	
	Exclusive Member Extras <ul style="list-style-type: none">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.	

BENEFIT	DESCRIPTION	COPAY
CORE PLAN Coverage with a VSP Doctor		
WELLVISION EXAM*	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessRoutine retinal screeningEvery calendar year	\$0 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal imaging for members with diabetes covered-in-fullAdditional 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.Available as needed	\$0 per exam
PRESCRIPTION GLASSES \$20		
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LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS+	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 40% on other lens enhancementsEvery calendar year	\$0 \$80 - \$90 \$120 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60

1. VSP LightCare and Laser VisionCare Preferred Program only applies to the Enhanced Plan.