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™ location.

**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

**Additional $50**

**to spend on**

**Featured Frame Brands†**

![Frame Brands](https://example.com/frame-brands)

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
# Your VSP Vision Benefits Summary

University of Vermont and VSP provide you with an affordable vision plan.

## PROVIDER NETWORK:
VSP Choice

## EFFECTIVE DATE:
01/01/2024

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness  
• Routine retinal screening | $0 | Every calendar year |
| **ESSENTIAL MEDICAL EYE CARE** | • 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. | Up to $39 | Available as needed |
| **PRESCRIPTION GLASSES** | • $200 featured Frame Brands allowance  
• $200 Visionworks frame allowance any frame  
• $150 frame allowance  
• 20% savings on the amount over your allowance  
• $80 Walmart/Sam's Club frame allowance | Included in Prescription Glasses | Every other calendar year |
| **FRAME** | | $20 | See frame and lenses |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses | Included in Prescription Glasses | Every calendar year |
| **LENS ENHANCEMENTS** | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Tinted lenses  
• Scratch-resistant coating  
• Average savings of 50% on other lens enhancements | $0  
$95 - $105  
$150 - $175  
$0  
$0 | Every calendar year |
| **CONTACTS (INSTEAD OF GLASSES)** | • $150 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every calendar year |
| **VSP LIGHTCARE™** | • $150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts | $20 | Every other calendar year |
| **ADDITIONAL SAVINGS** | Glasses and Sunglasses  
• Extra $50 to spend on Featured Frame Brands. Go to vsp.com/offers for details.  
• 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. | | |
| **YOUR MONTHLY CONTRIBUTION** | | | |

### Your Coverage with a VSP Provider

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness  
• Routine retinal screening | $0 | Every calendar year |
| **ESSENTIAL MEDICAL EYE CARE** | • 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. | Up to $39 | Available as needed |
| **PRESCRIPTION GLASSES** | • $200 featured Frame Brands allowance  
• $200 Visionworks frame allowance any frame  
• $150 frame allowance  
• 20% savings on the amount over your allowance  
• $80 Walmart/Sam's Club frame allowance | Included in Prescription Glasses | Every other calendar year |
| **FRAME** | | $20 | See frame and lenses |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses | Included in Prescription Glasses | Every calendar year |
| **LENS ENHANCEMENTS** | • Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Tinted lenses  
• Scratch-resistant coating  
• Average savings of 50% on other lens enhancements | $0  
$95 - $105  
$150 - $175  
$0  
$0 | Every calendar year |
| **CONTACTS (INSTEAD OF GLASSES)** | • $150 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | Every calendar year |
| **VSP LIGHTCARE™** | • $150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts | $20 | Every other calendar year |
| **ADDITIONAL SAVINGS** | Glasses and Sunglasses  
• Extra $50 to spend on Featured Frame Brands. Go to vsp.com/offers for details.  
• 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. | | |
| **YOUR MONTHLY CONTRIBUTION** | | | |

### 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.

**Member ID will be:**
99 + Your 7-Digit Employee ID Number

*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.*

*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.*

*Member ID will be:*
99 + Your 7-Digit Employee ID Number

©2023 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks 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. 102898 VCCM Classification: Restricted