

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.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

### Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where eyeconic you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

## 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†

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



Up to

40%

Savings on lens enhancements‡

# Your VSP Vision Benefits Summary

COUNTY OF ALAMEDA 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:** 

02/01/2024



BENEFIT	DESCRIPTION	COPAY
PLU	<b>JS PLAN</b> Coverage with a VSP Provider	
WELLVISION EXAM	<ul> <li>Focuses on your eyes &amp; wellness</li> <li>Every plan year*</li> </ul>	\$15 for exam and glasses
ESSENTIAL MEDICAL EYE CARE	<ul> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor on going conditions</li> </ul>	\$0 per screening \$20 per exam

BENEFIT	DESCRIPTION	COPAY
PREM	IIUM PLAN Coverage with a VSP Provid	ler
WELLVISION EXAM	Focuses on your eyes & wellness     Every plan year*	\$15 for exam and glasses
ESSENTIAL MEDICAL EYE CARE	Retinal screening for members with diabetes     Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions     Available as needed	\$0 per screening \$20 per exam
PRESCRIPTION	GLASSES	

	Available as needed	
PRESCRIPTION	GLASSES	
FRAME*	<ul> <li>\$150 featured frames</li> <li>\$130 frame allowance</li> <li>20% savings over your allowance</li> <li>\$70 Costco* frame allowance</li> <li>Every other plan year</li> </ul>	Combined with exam
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every plan year</li> </ul>	Combined with exam
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium/custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>	\$0 \$95 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$130 allowance for contacts and contact lens exam     15% savings on a contact lens exam (fitting & eval)     Every plan year	\$0

FRAME <sup>*</sup>	<ul> <li>\$220 featured frames</li> <li>\$200 frame allowance</li> <li>20% savings over your allowance</li> <li>\$110 Costco* frame allowance</li> <li>Every plan year</li> </ul>	Combined with exam
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every plan year</li> </ul>	Combined with exam
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Premium/custom progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>	\$0 \$0 \$0 \$25 \$25
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$200 allowance for contacts and contact lens exam</li> <li>15% savings on a contact lens exam (fitting &amp; eval)</li> <li>Every plan year</li> </ul>	\$O

COMPUTER VISIONCARE WITH ANTI-REFLECTIVE COATING		
COMPUTER VISION EXAM	Evaluates your computer use needs	\$15 for exam and glasses
FRAME <sup>+</sup>	<ul><li>\$110 featured frames</li><li>\$90 frame allowance</li><li>20% savings over your allowance</li></ul>	Combined with exam
LENSES	Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with exam
LIGHTCARE <sup>TH*</sup>	\$130 allowance for ready-made non-prescription sunglasses or blue light filtering glasses	Combined with exam

COMPUTER VISIONCARE WITH ANTI-REFLECTIVE COATING		
COMPUTER VISION EXAM	Evaluates your computer use needs	\$15 for exam and glasses
FRAME <sup>+</sup>	<ul><li>\$110 featured frames</li><li>\$90 frame allowance</li><li>20% savings over your allowance</li></ul>	Combined with exam
LENSES	Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with exam
	\$200 allowance for ready-made	Combined
LIGHTCARE™	non-prescription sunglasses or blue light filtering glasses	with exam
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YOUR COVERAGE GOES FURTHER IN-NETWORK		

With so many in-network choices, VSP makes it easy to get the

#### 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-o

of-network reimbursements:	NOTE: If you purchase a frame or lenses from a non VSP doctor
mup to \$50	you can no longer use your in-network benefit for a frame and lenses.
meup to \$70	icrises.

Exam	up to \$50
Frame	up to \$70
Single Vision Lenses	up to \$40
Lined Bifocal Lenses	up to \$60
Lined Trifocal Lenses	up to \$80
Progressive Lenses	up to \$60
Contacts	up to \$130

Your plan provides the following out-of-network reimbursements:
Examup to \$50
Glasses (lenses & frame)up to \$200
Contactsup to \$200

• 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.

most out of your benefits.

**EXTRA SAVINGS** 

\*Plan year begins in February
\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

1Savings 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.

PLEASE NOTE: Your eligibility for benefits will follow the frequency of your newly elected plan. For example, if you had the Premium plan and received frames in 2021, and elected the Plus Plan for 2022, you are not eligible for frames until 2023. Log in to vsp.com to review your benefits.