

A Look at Your VSP Vision Coverage



With VSP and The Ohio State University,
your health comes first.

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 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
An additional
\$50
to spend on
Featured Frame Brands[†]

bebe CALVIN KLEIN
COLE HAAN DRAGON
FLEXON LACOSTE
and more

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

[†]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.

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.

©2022 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare is a trademark 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. 107985 VCCM

Your VSP Vision Benefits Summary

The Ohio State University 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:

01/01/2024

BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$0 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME⁺	<ul style="list-style-type: none"> \$205 Featured Frame Brands allowance \$205 Visionworks® frame allowance on any frame \$155 frame allowance 20% savings on the amount over your allowance \$155 Walmart/Sam's Club frame allowance Every other calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF LENSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
VSP LIGHTCARE™⁺ (NOT AVAILABLE AT WALMART/SAM'S CLUB)	<ul style="list-style-type: none"> \$155 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year 	\$25

BENEFIT	DESCRIPTION	COPAY
PLUS PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$0 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME⁺	<ul style="list-style-type: none"> \$250 Featured Frame Brands allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart/Sam's Club frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF LENSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
VSP EASYOPTIONS⁺ (NOT AVAILABLE AT WALMART/SAM'S CLUB)	<p>Members can choose one of these upgrades</p> <ul style="list-style-type: none"> An additional \$50 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance Every calendar year 	Included in Prescription Glasses
VSP LIGHTCARE⁺ (NOT AVAILABLE AT WALMART/SAM'S CLUB)	<ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year 	\$25

Glasses and Sunglasses

- Discover all current eyewear offers and savings at vsp.com/offers.
- 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.

ADDITIONAL SAVINGS

Laser Vision Correction

- Average of 15% off the regular price; discounts available at contracted facilities.

Exclusive Member Extras

- Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

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.....up to \$45
 Frame.....up to \$70
 Single Vision Lenses.....up to \$30

Lined Bifocal Lenses.....up to \$50
 Lined Trifocal Lenses.....up to \$65
 Lenticular Lenses.....up to \$65

Progressive Lenses.....up to \$50
 Elective Contacts.....up to \$105
 Necessary Contact Lenses.....up to \$210