

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM THE OHIO STATE UNIVERSITY AND VSP.

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.



You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

NIKE REBATE

As VSP members, Ohio State University employees will have access to an exclusive \$50 Nike Glasses Rebate in 2021. Visit vsprebates.com/OSU for full rebate details.

DIABETES SCREENING

Starting January 1, 2021, select VSP network doctors will provide you a diabetes screening at no additional cost. This screening will help you understand your risk for diabetes and diabetes-related eye disease.²

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%

TO SPEND ON
FEATURED FRAME BRANDS¹

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP TO
SAVINGS ON LENS
ENHANCEMENTS



Contact us: **800.877.7195** or vsp.com

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 Premier Plan which allows each member on your plan to enjoy personalized benefits.



PROVIDER NETWORK: VSP Choice

EFFECTIVE DATE: 01/01/2021

Benefit	Description	Copay	Benefit	Description	Copay
Basic Plan Coverage with a VSP Provider			Premier Plan Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
PRESCRIPTION GLASSES \$25			PRESCRIPTION GLASSES \$25		
Frame	<ul style="list-style-type: none"> \$155 allowance for a wide selection of frames \$175 allowance for featured frame brands 20% savings on the amount over your allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your 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	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 20-25% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% 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	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 (choose one of these upgrades)	<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 DIABETIC EYECARE PLUS PROGRAM™	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. As needed 	\$0 \$20 per exam			
EXTRA SAVINGS	Glasses and Sunglasses				
	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam 				
	Routine Retinal Screening				
	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 				
	Laser Vision Correction				
	<ul style="list-style-type: none"> Average 15% savings on the regular price or 5% savings on the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 				

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. EasyOptions Plan Benefits are not available at Walmart or Costco. VSP guarantees coverage 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.

1. 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. 2. Diabetes screening only available to OSU employees and dependents over age 18.

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