# A Look at Your VSP Vision Coverage

With VSP and THE CITY OF SAN JOSE -RETIREES, your health comes first.



**YSP** 

vision care

Enroll in VSP<sup>®</sup> 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.

PREMIER

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

## Shop online and connect your benefits.

eyeconic<sup>®</sup> 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<sup>®</sup>. 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<sup>†</sup> DEDE CALVIN KLEIN COLE HAAN ODRAGON FLEXON LACOSTE C Internet See all brands and offers at vsp.com/offers.

Up to

Savings on lens enhancements‡

Rates	Signature	Choice
Member Only	\$11.46	\$12.04
Member + 1 Dependent	\$16.32	\$17.18
Member + Family	\$29.24	\$30.80

Enroll through your employer today. Contact us: **800.877.7195** or **vsp.com** 

# Your VSP Vision Benefits Summary

THE CITY OF SAN JOSE - RETIREES and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love

BENEFIT	DESCRIPTION	COPAY	
Signa	<b>iture Plan</b> Coverage with a VSP Provide	er	
WELLVISION EXAM	<ul><li>Focuses on your eyes and overall wellness</li><li>Every calendar year</li></ul>	\$10 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 ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam	
PRESCRIPTION	GLASSES		
FRAME	<ul> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every other calendar 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 calendar year</li> </ul>	Combined with exam	
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$105 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	
RETINAL SCREENING	<ul> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> <li>Every calendar year</li> </ul>	\$35	
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> <li>Laser Vision Correction         <ul> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> </li> </ul>		

#### 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.

\*\*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. TruHearing is not available directly from VSP in the states of California and Washington.

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#### **PROVIDER NETWORK:**

DESCRIPTION

**VSP** Signature

BENEFIT



COPAY

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LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	Combined with exam	
LENS ENHANCEMENTS	<ul> <li>Standard progressive lenses</li> <li>Impact-resistant lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175	
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$105 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60	
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