

# A Look at Your VSP Vision Coverage

With VSP and Balance - Adults SHOP  
Plan C your health comes first.



As a member, you'll 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.

**vsp**  
vision care

**Balance**  
by CCHP



## More Ways to Save

**Extra  
\$20  
to spend on  
Featured 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‡**

Create an account today.

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

Your VSP Vision Benefits Summary

Balance - Adults SHOP Plan C and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:  
VSP Advantage  
EFFECTIVE DATE:  
01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME*	<ul style="list-style-type: none"><li>\$130 frame allowance</li><li>\$150 featured frame brands allowance</li><li>20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>UV protection</li><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 20-25% on other lens enhancements</li></ul>	\$0 \$55 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$130 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every 12 months
EXTRA SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</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 <a href="https://vsp.com">vsp.com</a> to find an in-network provider. Your plan provides the following out-of-network reimbursements:			
Exam .....	up to \$47	Frame .....	up to \$45
Single Vision Lenses .....	up to \$30	Lined Bifocal Lenses .....	up to \$50
		Contacts.....	up to \$100
		Lined Trifocals .....	up to \$60

\*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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