

# A Look at Your Child's VSP Vision Coverage Featuring VSP Elements Program

With VSP and Balance – Pediatric EHB -  
Individual, your health comes first.



VSP® Vision Care Elements™ Program provides personalized vision care coverage and access to additional savings from a VSP network doctor.

**vsp.**  
vision care

**Balance**  
by CCHP 

## **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.

## **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 child's in-network coverage, find a VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At their appointment, show them your health plan card and tell them you have VSP.

## **Coverage for your kids.**

Many states require children to get an eye exam before kindergarten. Use your VSP benefits for a fully covered eye exam, lenses and frames from the Otis & Piper™ Eyewear collection, or contacts to help them succeed in school.

Contact us: 800.877.7195 or [vsp.com](https://vsp.com)

# Your VSP Vision Benefits Summary

Balance – Pediatric EHB - Individual and VSP provide you with a valuable vision plan for your child(ren).

**Provider Network:**

VSP Advantage

**Effective Date:**

01/01/2024



| BENEFIT                               | DESCRIPTION   | COPAY             | FREQUENCY                   |
|---------------------------------------|---|-------------------|-----------------------------|
| <b>COVERAGE WITH A VSP PROVIDER</b>   |   |                   |                             |
| <b>WELLVISION EXAM</b>                | <ul style="list-style-type: none"> <li>Focuses on your child's eye health and overall wellness. Tests for childhood vision issues, like nearsightedness, lazy eye, and cross-eye.</li> <li>Routine retinal screening</li> </ul>   | \$0<br>Up to \$39 | Every 12 months             |
| <b>PRESCRIPTION GLASSES</b>           |   | <b>\$0</b>        | <b>See frame and lenses</b> |
| <b>FRAME</b>                          | <ul style="list-style-type: none"> <li>Frames from our exclusive Otis &amp; Piper Eyewear Collection.</li> </ul>  | N/A               | Every 12 months             |
| <b>LENSES</b>                         | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>   | N/A               | Every 12 months             |
| <b>LENS ENHANCEMENTS</b>              | <ul style="list-style-type: none"> <li>Impact-resistant lenses</li> <li>Scratch-resistant coating</li> <li>UV protection</li> </ul>   | \$0<br>\$0<br>\$0 | Every 12 months             |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>  | <ul style="list-style-type: none"> <li>Contact lens exam covered-in-full.</li> <li>Prescription contact lenses covered with a minimum three-month supply for any of the following modalities:                             <ul style="list-style-type: none"> <li>Standard (one pair annually)</li> <li>Monthly (six-month supply)</li> <li>Bi-weekly (three-month supply)</li> <li>Dailies (three-month supply)</li> </ul> </li> <li>Ask your VSP network doctor which contacts qualify for your child's plan.</li> </ul> | \$0               | Every 12 months             |
| <b>LOW VISION EVALUATION AND AIDS</b> | <ul style="list-style-type: none"> <li>Low vision is covered if vision loss is sufficient enough to prevent reading and performing daily activities.</li> <li>Low vision evaluations and aids are covered-in-full for eligible enrollees.</li> </ul>  | \$0               | Every 12 months             |
| <b>ADDITIONAL SAVINGS</b>             | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>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.</li> </ul>   |                   |                             |
|                                       | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>  |                   |                             |
|                                       | <b>Exclusive Member Extras</b> <ul style="list-style-type: none"> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul>    |                   |                             |

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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