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.

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.

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
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	 Focuses on your child's eye health and overall wellness. Tests for childhood vision issues, like nearsightedness, lazy eye, and cross-eye. Routine retinal screening 	\$0 Up to \$39	Every 12 months
PRESCRIPTION GLASSES		\$0	See frame and lenses
FRAME	Frames from our exclusive Otis & Piper Eyewear Collection.	N/A	Every 12 months
LENSES	Single vision, lined bifocal, and lined trifocal lenses	N/A	Every 12 months
LENS ENHANCEMENTS	Impact-resistant lensesScratch-resistant coatingUV protection	\$0 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	Contact lens exam covered-in-full. Prescription contact lenses covered with a minimum three-month supply for any of the following modalities: Standard (one pair annually) Monthly (six-month supply) Bi-weekly (three-month supply) Dailies (three-month supply) Ask your VSP network doctor which contacts qualify for your child's plan.	\$0	Every 12 months
LOW VISION EVALUATION AND AIDS	 Low vision is covered if vision loss is sufficient enough to prevent reading and performing daily activities. Low vision evaluations and aids are covered-in-full for eligible enrollees. 	\$0	Every 12 months
ADDITIONAL SAVINGS	Glasses and Sunglasses 20% savings on unlimited additional pairs of prescription or non-prescription glasse from a VSP provider within 12 months of your last WellVision Exam. Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.	es/sunglasses, includ	ding lens enhancements,
	 Exclusive Member Extras Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. 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. 		

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.