

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, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

## 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.



More Ways to Save

**Additional** 

\$50

to spend on Featured Brands<sup>†</sup>

bebe

CALVIN KLEIN

COLE HAAN

@DRAGON.

FLEXON





See all brands and offers at **vsp.com/offers**.



Up to

40%

Savings on lens enhancements:

# Your VSP Vision Benefits Summary

MIAMI UNIVERSITY and VSP provide you with an affordable vision plan.

#### **PROVIDER NETWORK:**

**VSP Signature** 



01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	Your Coverage with a VSP Provider		
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$10	Every calendar year
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> </ul>	\$0 per screening \$15 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME <sup>*</sup>	<ul> <li>\$225 featured frame brands allowance</li> <li>\$225 Visionworks frame allowance on any frame</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart*/Sam's Club*/Costco* frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar yea
LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
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> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$50 to spend on featured frame brands. Go to vsp.com/fra</li> <li>30% savings on additional glasses and sunglasses, including lens on the same day as your WellVision Exam. Or get 20% from any WellVision Exam.</li> </ul>	enhancements, f	rom the same VSP provider
EXTRA SAVINGS	Routine Retinal Screening  • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	<ul> <li>Laser Vision Correction</li> <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>		
YOUR COVERAGE GOES	FURTHER IN-NETWORK		
With so many in-network c	hoices, VSP makes it easy to get the most out of your benefits. You'll have Log in to <b>vsp.com</b> to find an in-network provider. Your plan provides the feet to be the feet of the second of the feet of the second o	ollowing out-of-ne	etwork reimbursements:

<sup>†</sup>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.

Lined Bifocal Lenses .....up to \$75

Lined Trifocal Lenses .....up to \$100

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Exam .....up to \$50

Frame .....up to \$70

Single Vision Lenses .....up to \$50

Progressive Lenses .....up to \$75

Contacts .....up to \$105