

# A Look At Your VSP Vision Coverage

With VSP and PERA, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

**vsp.**  
vision care



## 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 VSP Premier Edge™ 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 your member account at [peracare.vspforme.com](https://peracare.vspforme.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

An Additional

\$50

to spend on

Featured Frame Brands†

bebe

CALVIN KLEIN

COLE HAAN

FLEXON

LACOSTE



NINE WEST  
EYEWEAR

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to

40%

Savings on  
lens enhancements‡

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

# Your VSP Vision Benefits Summary

PERA and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

**Provider Network:**

VSP Choice

**Effective Date:**

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>PPO#3 COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PPO#2 COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$25	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$165 Featured Frame Brands allowance</li> <li>\$115 frame allowance</li> <li>\$65 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <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
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium/Custom progressive lenses</li> </ul>	\$0 \$90 – \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$105 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>PPO#1 COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$210 Featured Frame Brands allowance</li> <li>\$160 frame allowance</li> <li>\$90 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>		Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium/Custom progressive lenses</li> </ul>	\$0 \$95 – \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>VSP EASYOPTIONS* (CHOOSE ONE OF THESE UPGRADES)</b>	<ul style="list-style-type: none"> <li>An additional \$90 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$40 contact lens allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>PPO#1 AND PPO#2 OPTIONS ONLY</b>			
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes covered-in-full</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 network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>40% savings on additional pairs of prescription glasses, including lens enhancements, within 12 months from the same VSP doctor who performed the WellVision Exam. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul> <p><b>Exclusive Member Extras</b></p> <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>		

\*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.