

A Look at Your VSP Vision Coverage

With VSP and THE UNIVERSITY OF KANSAS
HEALTH SYSTEM, 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.

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.

vsp
vision care

More Ways to Save

**Additional
\$50
to spend on
Featured Brands†**

bebe CALVIN KLEIN
COLE HAAN DRAGON.
FLEXON LACOSTE
NIKE and more

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

+

**Up to
40%
Savings on
lens enhancements‡**

Enroll through your employer today.
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

The University of Kansas Health System and VSP provide you with an affordable vision plan to maximize your coverage. Get the most out of your benefits with low, or no out-of-pocket costs when you visit a VSP network doctor or Premier Program location.

Provider Network:

VSP Choice



BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year* 	\$20
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Every calendar year 	Up to \$39 OR \$25 at a Premier Program Location
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$30		
FRAME	<ul style="list-style-type: none"> \$225 Featured Frame Brands allowance \$225 Visionworks frame allowance on any frame \$175 frame allowance 20% savings on the amount over your allowance \$175 Walmart®/Sam's Club®/Costco® frame allowance Every other calendar year* 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 – \$105 \$150 – \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$40
VSP LIGHTCARE™	<ul style="list-style-type: none"> \$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every other calendar year 	\$30

ADDITIONAL SAVINGS	Glasses and Sunglasses	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 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.
	Laser Vision Correction	<ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras	<ul style="list-style-type: none"> 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.

BENEFIT	DESCRIPTION	COPAY
PLUS PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Every calendar year 	Up to \$39 OR \$25 at a Premier Program Location
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME	<ul style="list-style-type: none"> \$250 Featured Frame Brands allowance \$250 Visionworks frame allowance on any frame \$200 frame allowance 20% savings on the amount over your allowance \$200 Walmart®/Sam's Club®/Costco® frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Anti-glare coating Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$40
VSP LIGHTCARE™	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every calendar year 	\$25

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 vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam.....up to \$45	Lined Bifocal Lenses.....up to \$50	Contacts.....up to \$105
Frame.....up to \$70	Lined Trifocal Lenses.....up to \$65	
Single Vision Lenses.....up to \$30	Progressive Lenses.....up to \$50	

* **VSP KidsCare**- Children are eligible for two WellVision exams, additional lenses (prescription change required) and a frame every calendar year, as needed.