

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.



More Ways to Save

Extra \$20

to spend on Featured Brands[†]

bebe

CALVIN KLEIN

COLE HAAN

@DRAGON.

FLEXON





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



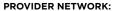
Up to

40%

Savings on lens enhancements:

Your VSP Vision Benefits Summary

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



VSP Choice



07/01/2024



DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
Base Coverage with a VSP Provider		В	uy Up Coverage with a VSP Provider	
 Focuses on your eyes and overall wellness Every 12 months 	\$10	WELLVISION EXAM	 Focuses on your eyes and overall wellness Every 12 months 	\$10
Retinal screening for members with diabetes 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 doctor for details. Available as needed	\$0 per screening \$20 per exam	ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes 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 doctor for details. Available as needed 	\$0 per screening \$20 per exam
GLASSES	\$25	PRESCRIPTION	GLASSES	\$25
\$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart*/Sam's Club* frame allowance \$70 Costco* frame allowance Every 24 months	Included in Prescription Glasses	FRAME [*]	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club* frame allowance \$80 Costco* frame allowance Every 24 months	Included in Prescription Glasses
Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months	Included in Prescription Glasses	LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months	Included in Prescription Glasses
 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	 Standard progressive lenses Anti-glare coating Scratch-resistant coating Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$95 - \$105 \$150 - \$175
 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60	CONTACTS (INSTEAD OF GLASSES)	Every 12 months \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60
	Focuses on your eyes and overall wellness Focuses on your eyes and overall wellness Fevery 12 months Retinal screening for members with diabetes 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 doctor for details. Available as needed SLASSES \$150 featured frame brands allowance \$130 frame allowance \$130 Walmart*/Sam's Club* frame allowance \$70 Costco* frame allowance \$70 Costco* frame allowance Every 24 months Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months Standard progressive lenses Premium progressive lenses Custom progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Focuses on your eyes and overall wellness Every 12 months Retinal screening for members with diabetes 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 doctor for details. Available as needed SLASSES \$25 \$150 featured frame brands allowance \$130 frame allowance \$130 Walmart*/Sam's Club* frame allowance \$70 Costco* frame allowance \$130 Walmart*/Sam's Club* frame allowance \$150 Costco* frame allowance	* Focuses on your eyes and overall wellness * Focuses on your eyes and overall * \$0 per screening \$20 per exam * \$20 pe	## Secuses on your eyes and overall wellness \$10 ## Retinal screening for members with diabetes \$0 per screening for members with diabetes \$20 per exam \$20 per ex

WellVision Exam.

EXTRA SAVINGS

Routine Retinal Screening

• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

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.

[†]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.

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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