

Your VSP Vision Benefits Summary

UNIVERSITY HEALTH PLANS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice
EFFECTIVE DATE:
09/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$10	Once Every Plan Year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional 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.	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none">\$180 featured frame brands allowance\$160 frame allowance20% savings on the amount over your allowance	Included in Prescription Glasses	Once Every Plan Year*
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Once Every Plan Year*
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Once Every Plan Year*
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$160 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Once Every Plan Year*
LIGHTCARE™**	<ul style="list-style-type: none">\$160 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Once Every Plan Year*
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/framebrands for details.20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
YOUR FALL CONTRIBUTION	\$196 Student only	\$550 Student + Dependent(s)	

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

*Plan Year Begins in September

Eligibility

- Enrollee
- Legal Spouse of Enrollee
- Domestic Partner of Enrollee
- Dependent Children up to age 26

+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. Premier Edge is not available for some members in the state of Texas.

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. Visionworks and Eyeconic are VSP-affiliated companies.

©2025 Vision Service Plan. All rights reserved.
VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted