Your VSP Vision Benefits Summary

UNIVERSITY OF SOUTHERN CALIFORNIA/Senior Care and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice



01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	Focuses on your eyes and overall wellnessRoutine retinal screening	\$15 (\$0 USC Roski) Up to \$39	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME*	 \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription I Glasses	Every other calendar year
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
 Glasses and Sunglasses Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasse lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 			
ADDITIONAL SAVINGS	Laser Vision CorrectionAverage of 15% off the regular price; discounts available at contracted facilities.		
	 Exclusive Member Extras for VSP Members Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER (copays apply)

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: Examup to \$45 Lined Bifocal Lensesup to \$65 Progressive Lensesup to \$85 Frameup to \$55 Lined Trifocal Lensesup to \$85 Contactsup to \$150 Single Vision Lensesup to \$45

[†]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. 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.

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