

Your Vision Benefits Summary

Get the best in eyecare and eyewear with UC Davis School of Medicine and VSP® Vision Care.

Using your VSP benefit is easy.

- Register at vsp.com.
 Once your plan is effective, review your benefit information.
- Find an eyecare provider who's right for you.
 The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP. There's
 no ID card necessary. If you'd like a card as a reference,
 you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best EyeCare

You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit **vsp.com** to find a VSP provider who carries these brands.

Plan Information

VSP Provider Network: VSP Choice

Benefit	Description	Copay
	Your Coverage with a VSP Provider	
WellVision Exam	Focuses on your eyes and overall wellnessEvery 12 months	\$10

	Every 12 months	
Prescription G	ilasses	\$20
Frame	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance Every 12 months 	Included in Prescription Glasses
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every 12 months 	Included in Prescription Glasses
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60
Additional Coverage	Diabetic Eyecare Plus Program	
Extra	Glasses and Sunglasses Extra \$20 to spend on featured frame bravsp.com/specialoffers for details. 20% savings on additional glasses and sincluding lens enhancements, from any within 12 months of your last WellVision E	unglasses, 'SP provider

Extra Savings

Retinal Screening

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

Laser Vision Correction

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

Your Coverage with Out-of-Network Providers

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider

Lined Bifocal Lensesup to \$50

VSP guarantees coverage from VSP network 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.