

# A Look at Your VSP Vision Coverage

With VSP and SOUTHWEST  
COMMUNITY 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.

 With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

### 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](https://www.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.

  
vision care

More Ways  
to Save

Extra

\$50

to spend on

Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONGCHAMP  
PARIS



and more

See all brands and offers  
at [vsp.com/offers](https://www.vsp.com/offers).

+

Up to

40%

Savings on

lens enhancements‡

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](https://www.vsp.com)

# Your VSP Vision Benefits Summary

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

## PROVIDER NETWORK:

VSP Choice

## EFFECTIVE DATE:

01/01/2025



BENEFIT	DESCRIPTION	COPAY
<b>Base Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	<p>\$10</p> <p>Up to \$39</p>
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES \$0</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$200 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>\$80 Walmart/Costco frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and Lenticular lenses</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV Coating</li> <li>Scratch Coating</li> <li>Polycarbonate Lenses</li> <li>Tints/Photochromic</li> <li>Anti-Reflective Coating</li> <li>Custom/Premium progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$35</p> <p>\$75</p> <p>\$41-\$85</p> <p>\$95 - \$175</p>
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>Contact lens exam (fitting and evaluation)</li> <li>\$150 allowance for contacts; copay does not apply</li> <li>Necessary Contact Lenses</li> <li>Every calendar year</li> </ul>	<p>Up to \$60</p> <p>Covered in full</p>

BENEFIT	DESCRIPTION	COPAY
<b>Buy-Up Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	<p>\$0</p> <p>Up to \$39</p>
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>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.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES \$0</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$250 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>\$200 Walmart/Costco frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and Lenticular lenses</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV Coating</li> <li>Scratch Coating</li> <li>Polycarbonate Lenses</li> <li>Tints/Photochromic</li> <li>Anti-Reflective Coating</li> <li>Custom/Premium progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$35</p> <p>\$75</p> <p>\$41 - \$85</p> <p>\$95-\$175</p>
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>Contact lens exam (fitting and evaluation)</li> <li>\$200 allowance for contacts; copay does not apply</li> <li>Necessary Contact Lenses</li> <li>Every calendar year</li> </ul>	<p>Up to \$60</p> <p>Covered in full</p>
<b>VSP LIGHTCARE™*</b>	<ul style="list-style-type: none"> <li>\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$0
<b>VSP EASYOPTIONS*</b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>A \$300 frame allowance, or fully covered progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or a \$300 contact lens allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses

<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</li> </ul>
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>
	<p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>