Your VSP Vision Benefits Summary



CALIFORNIA SERVICE MARKET JANITORS and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 01/01/2018		VSP Provider Network: VSP Choice		
Benefit	Description	Copay	Frequency	
	Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10 for exam and glasses	Every 12 months	
Prescription Glasses				
Frame	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance 	Combined with exam	Every 12 months	
Lenses	Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	Combined with exam	Every 12 months	
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	Every 12 months	
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months	
Diabetic Eyecare Plus Program	 Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed	
	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/speciale 20% savings on additional glasses and sunglasses, including lens en months of your last WellVision Exam. 		ny VSP provider within 12	
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; dis	counts only available	e from contracted facilities	
	Your Coverage with Out-of-Network Providers			

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.

Examup to \$45	Lined Bifocal Lensesup to \$50	Progressive Lensesup to \$50
Frameup to \$70	Lined Trifocal Lensesup to \$65	Contactsup to \$105
Single Vision Lensesup to \$30		

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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. 800.877.7195 | vsp.com

3. Blueocean Market Intelligence National Vision Plan Member Research, 2014

©2017 Vision Service Plan. All rights reserved.

VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

^{1.} Brands/Promotion subject to change.
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.