

Make Eye Health a Priority with VSP!

Your health comes first with VSP and City of Mesa (Vision Plus Plan). Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489

More Ways to Save

Extra \$20 to spend on Featured Frame Brands[†]

bebe

Calvin Klein FLEXON COLE HAAN

@DRAGON.

and more

Up to 40% savings on lens enhancements!

See all brands and offers at vsp.com/offers.

Enroll through your employer today.

Questions?

vsp.com or 800.877.7195



Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at **Eyeconic**®, the VSP preferred online eyewear store.



Get more at preferred in-network doctor locations

private practice doctors

Visionworks

EYEMART EXPRESS

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

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, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies

[†]Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. 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. *Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. *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. VSP Premier Edge" is not available for some members in the state of Texas.

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through City of Mesa (Vision Plus Plan).

Provider Network: VSP Choice **Effective Date:** 01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
COVERAGE WITH A VSP DOCTOR				
WELLVISION EXAM®	Focuses on your eyes and overall wellnessRoutine retinal screening	\$10 \$20	Every calendar year	
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed	
PRESCRIPTION GLA	ASSES (GLASSES OR CONTACTS AND FRAME) ¹	\$10	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 Glasses	Every calendar year	
LENSES (INSTEAD OF CONTACTS) ¹	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year	
LENS ENHANCEMENTS [†]	 Standard progressive lenses Premium progressive lenses Custom progressive lenses UV protection Impact-resistant lenses (dependent children under age 26 covered-in-full) Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175 \$0 \$10	Every calendar year	
CONTACTS (INSTEAD OF LENSES IN GLASSES) ¹	 \$220 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year	
ADDITIONAL SAVINGS	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/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities. Exclusive Member Extras			
	 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. Everyday savings on health, wellness, and more with VSP Simple Values. 			

COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic*. Log in to **vsp.com** to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Examup to \$70	Lined Bifocal Lensesup to \$60	Progressive Lensesup to \$60
Frameup to \$70	Lined Trifocal Lensesup to \$80	Contactsup to \$200
Single Vision Lensesup to \$40	Lined Lenticular Lensesup to \$100	Medically Necessary Contactsup to \$250