

## A LOOK AT YOUR VSP VISION COVERAGE

### SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CITY OF MESA (VISION PLUS PLAN) AND VSP.



Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

#### 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 for additional savings.

#### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



**Visionworks**

#### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

#### USING YOUR BENEFIT IS EASY!

Create an account on **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.

### GET YOUR PERFECT PAIR

**EXTRA \$20 +** UP TO **40%**  
TO SPEND ON TO SAVINGS ON LENS  
FEATURED FRAME BRANDS\* ENHANCEMENTS

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SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



**Enroll today.**

Contact us: **800.877.7195** or **vsp.com**

\*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.

## YOUR VSP VISION BENEFITS SUMMARY

City of Mesa (VISION PLUS PLAN) and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials to give your eyes extra love.

## PROVIDER NETWORK:

VSP Choice

## EFFECTIVE DATE:

01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>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> </ul>	\$10	Every calendar year
<b>PRESCRIPTION GLASSES GLASSES OR CONTACTS &amp; FRAME</b>		\$10	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 allowance for a wide selection of frames</li> <li>\$190 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart®/Sam's Club®/Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES (instead of contacts)*</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV protection</li> <li>Impact-resistant lenses (no copay for children under age 26)</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$10 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (instead of lenses in glasses)*</b>	<ul style="list-style-type: none"> <li>\$220 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members</li> <li>Limitations and coordination with your health medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li><b>\$20 copay</b> on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		

## YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam.....	up to \$70	Lined Bifocal Lenses.....	up to \$60	Progressive Lenses.....	up to \$60
Frame.....	up to \$70	Lined Trifocal Lenses.....	up to \$80	Contacts.....	up to \$200
Single Vision Lenses.....	up to \$40	Lined Lenticular Lenses.....	up to \$100	Medically Necessary Contacts.....	\$250

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](https://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage 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.

Log in to [vsp.com](https://vsp.com) to find an in-network provider based on your plan type.

\*You can use your contact lens allowance and your frame allowance in the same benefit year; however, contact lenses are still in instead of prescription lenses. If you use both contact lens and frame allowances, your prescription lenses will be an out of pocket expense.