

Make Eye Health a Priority with VSP!

Your health comes first with VSP and AON Benefit Experience. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$281 – \$772*

More Ways to Save

Extra **\$20** to spend on **Featured Frame Brands†**

bebe Calvin Klein COLE HAAN
 DRAGON FLEXON LONGCHAMP
 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/aon or **877.478.7559**



Scan QR code or visit vsp.com/aon 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!

With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.

Get more in-network

private
practice
doctors

Visionworks

eyeconic
a vsp vision company

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.

*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. **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.

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 and Eyeconic are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through AON Benefit Experience.

Provider Network:
VSP Choice

Effective Date:
Beginning on or
after 01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
BRONZE PLAN COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every calendar year*
SILVER PLAN COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every calendar year*
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$130 frame allowance 20% savings on the amount over your allowance \$70 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every calendar year*
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Standard progressive lenses 	Included in Prescription Glasses	Every calendar year*
LENS ENHANCEMENTS⁺	<ul style="list-style-type: none"> Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$95 - \$105 \$150 - \$175	Every calendar year*
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$20	Every calendar year*
GOLD PLAN COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year*
PRESCRIPTION GLASSES		\$10	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every calendar year*
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Standard progressive lenses 	Included in Prescription Glasses	Every calendar year*
LENS ENHANCEMENTS⁺	<ul style="list-style-type: none"> Impact-resistant lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$10 \$95 - \$105 \$150 - \$175	Every calendar year*
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$10	Every calendar year*
ALL PLAN OPTIONS			
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease (Available for Gold and Silver Plans only) 	Up to \$39	Every calendar year*
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> 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.** 		
	Contacts <ul style="list-style-type: none"> 15% savings on a contact lens exam (fitting and evaluation) 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras <ul style="list-style-type: none"> 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. 		

*For plan years effective on or after 01/01/2025. Check your employer's Summary Plan Description for details. **For Bronze Plan, 20% savings on complete pair of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.