



# Make Eye Health a Priority with VSP!

Your health comes first with VSP and Washington Counties Insurance Fund – Extended Plan. Take a look at your VSP vision care coverage.



VSP members save an annual average of

**\$471\***

## 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](https://vsp.com/offers).

## 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.com](https://eyeconic.com)®. You'll get the most out of your benefits at a VSP Premier Edge™ location.



Preferred private practice and retail in-network choices

private  
practice  
doctors

**Visionworks**

Enroll through your employer today.

Questions?

[vsp.com](https://vsp.com) or **800.877.7195**



Scan QR code  
or visit [vsp.com](https://vsp.com)  
to learn more.

## Getting started is easy!

Let your plan do the most it can. When you create an account on [vsp.com](https://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](https://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 Washington Counties Insurance Fund – Extended Plan.

### Provider Network:

VSP Choice

### Effective Date:

01/01/2025



| BENEFIT                                                          | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                 | COPAY                                                     | FREQUENCY                    |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------|
| <b>COVERAGE WITH A VSP DOCTOR</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> </ul>                                                                                                                                                                                                                                                                                                              | \$0<br>Up to \$39                                         | Every 12 months              |
| <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> </ul> | \$20 per exam                                             | Available as needed          |
| <b>PRESCRIPTION GLASSES</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$15                                                      | See frame and lenses         |
| <b>FRAME<sup>+</sup></b>                                         | <ul style="list-style-type: none"> <li>\$215 Featured Frame Brands allowance</li> <li>\$195 frame allowance</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 24 months              |
| <b>LENSES</b>                                                    | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>                                                                                                                                                                                                                                                                           | Included in Prescription Glasses                          | Every 12 months              |
| <b>LENS ENHANCEMENTS<sup>+</sup></b>                             | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>                                                                                                                                       | \$0<br>\$0<br>\$0<br>\$0<br>\$95 – \$105<br>\$150 – \$175 | Every 12 months              |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>                             | <ul style="list-style-type: none"> <li>\$155 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>                                                                                                                                                                                                                                                                                    | Up to \$60                                                | Every 12 months              |
| <b>ADDITIONAL PAIR OF EYEWEAR</b>                                | <b>Frame</b> <ul style="list-style-type: none"> <li>\$195 frame allowance or \$215 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> </ul>                                                                                                                                                                                                                                                        | \$20 for frame and lenses                                 | Every 24 months for frame    |
|                                                                  | <b>Lenses</b> <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children and standard progressive lenses are covered-in-full</li> <li>Average savings of 30% on other lens enhancements</li> </ul>                                                                                                                                              | Combined with frame                                       | Every 12 months for lenses   |
|                                                                  | <b>Contacts (instead of glasses)</b> <ul style="list-style-type: none"> <li>\$155 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>                                                                                                                                                                                                                                                          | Up to \$60                                                | Every 12 months for contacts |
| <b>COMPUTER VISIONCARE<sup>SM</sup> (EMPLOYEE-ONLY COVERAGE)</b> | <ul style="list-style-type: none"> <li><b>Exam:</b> Evaluates your needs related to prescription glasses for computer use</li> <li><b>Frame and Lenses:</b> \$100 frame allowance or \$120 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal lenses, and occupational lenses</li> <li>Scratch-resistant coating is covered-in-full</li> </ul>    | \$10                                                      | Every 12 months              |
| <b>ADDITIONAL SAVINGS</b>                                        | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://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>                                          |                                                           |                              |

### 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](https://vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

|                                     |                                      |                          |
|-------------------------------------|--------------------------------------|--------------------------|
| Exam.....up to \$45                 | Lined Bifocal Lenses.....up to \$50  | Contacts.....up to \$105 |
| Frame.....up to \$70                | Lined Trifocal Lenses.....up to \$65 | Tints.....up to \$5      |
| Single Vision Lenses.....up to \$30 | Progressive Lenses.....up to \$50    |                          |