

# A Look at Your VSP Vision Coverage

With VSP and Sunrun, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

### 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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
	

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Enjoy more savings and offers.

Get access to more than \$3,000 in savings with **VSP Exclusive Member Extras**, like rebates for popular contact lens brands, savings on LASIK, and more.



More Ways  
to Save

Additional  
\$50

to spend on  
Featured Frame Brands†

bebe Calvin Klein  
COLE HAAN DRAGON  
FLEXON LONGCHAMP  
and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to  
40%  
Savings on  
lens enhancements‡

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

## Your VSP Vision Benefits Summary

Sunrun and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY
<b>Standard 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> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<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> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES \$30</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$200 Featured Frame Brands allowance</li> <li>\$200 Visionworks frame allowance on any frame</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart/Sam's Club/Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<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> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$140 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every other calendar year</li> </ul>	\$30
<b>PROTEC SAFETY* (EMPLOYEE-ONLY COVERAGE)</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every calendar year</li> </ul>	\$30 for frame and lenses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Prescription single vision, lined bifocal, and lined trifocal</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every calendar year</li> </ul>	Combined with Frame

BENEFIT	DESCRIPTION	COPAY
<b>Premium 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> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<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> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES \$30</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$250 Featured Frame Brands allowance</li> <li>\$250 Visionworks frame allowance on any frame</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<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> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$50 \$50 \$25
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$30
<b>PROTEC SAFETY* (EMPLOYEE-ONLY COVERAGE)</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every calendar year</li> </ul>	\$30 for frame and lenses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Prescription single vision, lined bifocal, and lined trifocal</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every calendar year</li> </ul>	Combined with Frame

<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://www.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>
	<b>Laser Vision Correction</b>
	<ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>