



Make Eye Health a Priority with VSP!

Your health comes first with VSP and Franklin County Board of Commissioners. 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 PARIS

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.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	

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 Franklin County Board of Commissioners.

Provider Network:
VSP Choice
Effective Date:
01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM®	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$0 \$0	Every 12 months
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. 	\$0 per exam	Available as needed
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME⁺	<ul style="list-style-type: none"> \$200 Featured Frame Brands allowance \$180 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS⁺	<ul style="list-style-type: none"> Standard progressive lenses Impact-resistant lenses Average savings of 30% on other lens enhancements 	\$0 \$0	Every 12 months
VSP EASYOPTIONS⁺	<p>Members can choose one of these upgrades</p> <ul style="list-style-type: none"> Fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating 	Included in Prescription Glasses	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$180 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$20	Every 12 months
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Same frame allowance and lens coverage as primary benefit Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required) 	\$0 per exam \$20 for Prescription Lenses	Every calendar year
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam.¹ 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. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. <p>Exclusive Member Extras</p> <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. 		
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:

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

1. Only available at participating in-network providers. Discount may vary at retailers or not be available at certain retailers. Cannot be combined with any other discounts or promotional offers.