

# A Look At Your VSP Vision Coverage

With VSP and SALEM HEALTH, 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.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

## Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

## 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.

## 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.

Enroll through your employer today.  
Contact us: **800.877.7195** or **vsp.com**

**vsp**  
vision care

More Ways  
to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONGCHAMP  
PARIS



and more

See all brands and offers  
at **vsp.com/offers**.

+

Up to

40%

Savings on

lens enhancements‡

† 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.  
\* 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.

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**.

Classification: Confidential  
©2023 Vision Service Plan. All rights reserved.  
VSP, Eyeconic, and WellVision Exam are registered trademarks and VSP LightCare is a trademark of Vision Service Plan.  
Flexon is a registered trademark of Marchon Eyewear, Inc.  
All other brands or marks are the property of their respective owners. 119795 VCCM

# Your VSP Vision Benefits Summary

SALEM HEALTH 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:**

01/01/2025



BENEFIT	DESCRIPTION	COPAY
<b>BASE PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</li> <li>Every calendar year</li> </ul>	\$20 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</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$190 Featured Frame Brands allowance</li> <li>\$170 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$170 Walmart/Sam's Club frame allowance</li> <li>\$95 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>\$150 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>KIDSCARE (DEPENDENT CHILDREN UP TO AGE 18 ONLY)</b>	<ul style="list-style-type: none"> <li>Two exams that focus on your eye and overall wellness</li> <li>Same frame allowance and lens coverage as primary benefit</li> <li>Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> <li>Every calendar year</li> </ul>	\$10 per exam \$20 for prescription lenses

BENEFIT	DESCRIPTION	COPAY
<b>BUY-UP PLAN</b> Coverage with a VSP Provider		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal imaging</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</b> \$20		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$270 Featured Frame Brands allowance</li> <li>\$250 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$250 Walmart/Sam's Club frame allowance</li> <li>\$135 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>Progressive lenses</li> <li>Anti-glare coating</li> <li>Light-reactive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$250 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>KIDSCARE (DEPENDENT CHILDREN UP TO AGE 18 ONLY)</b>	<ul style="list-style-type: none"> <li>Two exams that focus on your eye and overall wellness</li> <li>Same frame allowance and lens coverage as primary benefit</li> <li>Additional pair of lenses or contact lenses up to plan allowance when needed (minimum prescription change required)</li> <li>Every calendar year</li> </ul>	\$10 per exam \$20 for prescription lenses
<b>VSP LIGHTCARE<sup>™+</sup></b>	<ul style="list-style-type: none"> <li>\$250 allowance or \$135 Costco 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>	\$20

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>
	<b>Laser Vision Correction</b>
	<b>Exclusive Member Extras</b>

- Discover all current eyewear offers and savings at [vsp.com/offers](https://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.
- Average of 15% off the regular price; discounts available at contracted facilities.
- Save up to 60% on digital hearing aids with TruHearing®. Visit [vsp.com/offers/special-offers/hearing-aids](https://vsp.com/offers/special-offers/hearing-aids) for details.
- Contact lens rebates, lens satisfaction guarantees, and more offers at [vsp.com/offers](https://vsp.com/offers).
- Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.