

A Look at Your VSP Vision Coverage

With VSP and OKLAHOMA STATE
UNIVERSITY & A&M COLLEGES, 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.

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.



More Ways to Save

Extra

\$50

**to spend on
Featured Brands†**

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
	and more

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

+

**Up to
40%**

**Savings on
lens enhancements‡**

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

Your VSP Vision Benefits Summary

OKLAHOMA STATE UNIVERSITY & A&M COLLEGES 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
Base Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes 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 doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$200 featured frame brands allowance \$200 Visionworks frame allowance on any frame \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60
YOUR MONTHLY CONTRIBUTION	\$7.74 Member only \$15.50 Member + spouse	\$16.58 Member + child(ren) \$26.52 Member + family

BENEFIT	DESCRIPTION	COPAY
Premium Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes 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 doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$230 featured frame brands allowance \$230 Visionworks frame allowance on any frame \$180 frame allowance 20% savings on the amount over your allowance \$100 Walmart*/Sam's Club*/Costco* frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$50
VSP EASYOPTIONS MEMBERS CAN CHOOSE ONE OF THESE UPGRADES	<ul style="list-style-type: none"> An additional \$70 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance. Every calendar year 	Included in Prescription Glasses
YOUR MONTHLY CONTRIBUTION	\$15.94 Member only \$31.92 Member + spouse	\$34.16 Member + child(ren) \$54.58 Member + family

EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$50 to spend on featured frame brands. Go to vsp.com/offers for details. 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. 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.
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*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.

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