

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DENVER HEALTH MEDICAL PLAN AND VSP.

As a VSP®member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 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®—a comprehensive exam designed to detect eye and health conditions.

PROVIDER NETWORK:

VSP Advantage

EFFECTIVE DATE:

01/01/2021

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	Focuses on your eyes and overall wellness Every calendar year	\$0
PRESCRIPTION GLASSES		
\$25		
FRAME	\$120 allowance for a wide selection of frames 20% savings on the amount over your allowance Every other calendar year	Included in Prescription Glasses
LENSES	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	Standard progressive lenses Premium progressive lenses Custom progressive lenses Every other calendar year	\$55 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	\$120 allowance for contacts 15% savings on a contact lens exam (fitting and evaluation) Every other calendar year	up to \$60

EXTRA SAVINGS	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.
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VSP guarantees coverage from VSP network 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.

This VSP benefit applies to adult Elevate Exchange members age 19 and above.

Contact us:

800.877.7195 or **vsp.com**