

YOUR VSP VISION BENEFITS SUMMARY

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2022



The State of Rhode Island and VSP® provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love. As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
ANCHOR VISION Coverage with a VSP Provider			ANCHOR VISION PLUS Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0	WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$0
PRIMARY EYECARE™	<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 	\$0 per screening \$20 per exam	PRIMARY EYECARE™	<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 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES			PRESCRIPTION GLASSES		
		\$30			\$30
FRAME	<ul style="list-style-type: none"> \$120 featured frame brands allowance \$100 frame allowance 20% savings on the amount over your allowance \$65 Walmart®/Sam's Club® frame allowance Every calendar year 	Included in Prescription Glasses	FRAME	<ul style="list-style-type: none"> \$220 featured frame brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Walmart®/Sam's Club® frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses	LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Scratch-resistant lenses Tints/Light-reactive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175	LENS ENHANCEMENTS	<ul style="list-style-type: none"> Scratch-resistant lenses Tints/Light-reactive lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$30 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$30	CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$30
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 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 glasses and/or non-prescription sunglasses from any VSP network doctor within 12 months of your last exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 				

SHOP EYEWEAR ONLINE WITH YOUR VSP BENEFITS.

Shop contacts, eyeglasses, and sunglasses on eyeconic.com® and maximize your coverage. Eyeconic is the only site where you can shop eyewear and apply your VSP benefits directly to your purchase. Plus, the site connects directly with your eye doctor for your prescription.

DIABETES SCREENING

Starting January 1, 2022, select VSP network doctors will provide you a diabetes screening at no additional cost. This screening will help you understand your risk for diabetes and diabetes-related eye disease.¹

Find an in-network provider at vsp.com or call 800.877.7195.

*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.

1. Diabetes screening only available to State of Rhode Island employees and dependents over age 18.

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Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage 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.