

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Lineage Logistics Holdings, LLC. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Additional **\$50** to spend on **Featured Frame Brands†**

bebe Calvin Klein COLE HAAN
 DRAGON FLEXON LONG CHAMP

 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

800.877.7195 (TTY: 711)

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 doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

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!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Get more at preferred in-network doctor locations

private
practice
doctors

Visionworks

**EYEMART
EXPRESS**
FAMILY OF STORES

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.



Scan QR code or visit vsp.com to learn more.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. †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 in all states.

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, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Lineage Logistics Holdings, LLC. Get coverage for essentials, or upgrade to enhance your coverage options.

Provider Network:

VSP Signature

Effective Date:

07/01/2026



BENEFIT	DESCRIPTION	COPAY
Standard Plan Coverage with a VSP Doctor		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$10 Up to \$39
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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$200 Featured Frame Brands allowance \$200 Visionworks or Eyemart Express frame allowance on any frame \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club/Costco frame allowance Every 24 months 	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 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> UV protection Impact-resistant lenses for Adults Anti-glare coating Standard progressive lenses Premium/Custom progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$10 - \$14 \$33 \$35 - \$37 \$0 \$80 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting & evaluation) Every 12 months 	Up to \$60
VSP LIGHTCARE™™	<ul style="list-style-type: none"> \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 24 months 	\$25
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Annual frame and lens benefit 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) Every 12 months 	\$10 per exam \$25 for prescription lenses

BENEFIT	DESCRIPTION	COPAY
Premium Plan Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every 12 months 	\$10 Up to \$39
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. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES \$25		
FRAME*	<ul style="list-style-type: none"> \$300 Featured Frame Brands allowance \$300 Visionworks or Eyemart Express frame allowance on any frame \$250 frame allowance 20% savings on the amount over your allowance \$250 Walmart/Sam's Club/Costco frame allowance Every 12 months 	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 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> UV protection Impact-resistant lenses for Adults Anti-glare coating Standard progressive lenses Premium/Custom progressive lenses Average savings of 40% on other lens enhancements Every 12 months 	\$0 \$0 \$0 \$0 \$80 - \$160
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$250 allowance for contacts; copay does not apply Contact lens exam (fitting & evaluation) Every 12 months 	Up to \$60
VSP LIGHTCARE™™	<ul style="list-style-type: none"> \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts Every 12 months 	\$25
KIDSCARE (DEPENDENT CHILDREN ONLY)	<ul style="list-style-type: none"> Two exams that focus on your eye and overall wellness Annual frame and lens benefit 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) Every 12 months 	\$10 per exam \$25 for prescription lenses

ADDITIONAL SAVINGS	Glasses and Sunglasses
	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction
	<ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras for VSP Members
	<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. Enjoy everyday savings on health, wellness, and more with VSP Simple Values.