

# A Look at Your VSP Vision Coverage

With VSP and Workday, Inc.,  
your health comes first.



As a member, you 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 at over \$3,000 in savings.

### Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### 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](https://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

\$20

to spend on

Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONG CHAMP  
PARIS



and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).



Up to

40%

Savings on  
lens enhancements‡

Create an account today.  
Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

†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](https://vsp.com).

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Classification: Restricted

# Your VSP Vision Benefits Summary

Workday, Inc. and VSP provide you with an affordable vision plan.

**Provider Network:**

VSP Signature

**Effective Date:**

01/01/2024



| BENEFIT                                   | DESCRIPTION  | COPAY  | FREQUENCY            |
|---|--|--|----------------------|
| <b>COVERAGE WITH A VSP PROVIDER</b>       |  |  |                      |
| <b>WELLVISION EXAM</b>                    | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>  | \$0  | Every calendar year  |
| <b>ESSENTIAL MEDICAL EYE CARE</b>         | <ul style="list-style-type: none"> <li>One additional 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> </ul>   | \$20 per exam                                | Available as needed  |
| <b>PRESCRIPTION GLASSES</b>               |  | \$25   | See frame and lenses |
| <b>FRAME<sup>+</sup></b>                  | <ul style="list-style-type: none"> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>   | Included in Prescription Glasses             | Every calendar year  |
| <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> </ul>  | Included in Prescription Glasses             | Every calendar year  |
| <b>LENS ENHANCEMENTS</b>                  | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Impact-resistant lenses</li> <li>High-index lenses</li> <li>UV protection</li> <li>Anti-glare coating</li> <li>Premium and custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>   | \$0<br>\$0<br>\$0<br>\$0<br>\$35<br>\$50     | Every calendar year  |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>      | <ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>   | Up to \$60                                   | Every calendar year  |
| <b>RETINAL SCREENING</b>                  | <ul style="list-style-type: none"> <li>Images of the inside of the eye, used to screen for potential signs of eye disease</li> </ul>   | \$0  | Every calendar year  |
| <b>VSP LIGHTCARE™<sup>+</sup></b>         | <ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>   | \$25   | Every calendar year  |
| <b>KIDSCARE (DEPENDENT CHILDREN 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> </ul>  | \$0 per exam<br>\$25 for prescription lenses | Every calendar year  |
| <b>VISION THERAPY</b>                     | <ul style="list-style-type: none"> <li>You get a fully covered evaluation and 75% off approved therapy sessions up to \$750 annually. Sessions cover diagnosis and treatment of turned eye, eye teaming, lazy eye, eye focusing, and general eye movement ability. Check with your doctor to see if you qualify</li> </ul>   |  |                      |
| <b>ADDITIONAL SAVINGS</b>                 | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul> <p><b>Exclusive Member Extras</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul> |  |                      |

## 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](https://www.vsp.com) to find an in-network provider. Your plan provides the following out-of-network reimbursements every calendar year:

|                               |            |                            |             |                         |             |
|-------------------------------|------------|----------------------------|-------------|-------------------------|-------------|
| Exam (retinal screening)..... | up to \$90 | Lined Bifocal Lenses.....  | up to \$75  | Contacts.....           | up to \$105 |
| Frame.....                    | up to \$90 | Lined Trifocal Lenses..... | up to \$100 | Necessary Contacts..... | up to \$210 |
| Single Vision Lenses.....     | up to \$50 | Progressive Lenses.....    | up to \$75  |                         |             |