



# Make Eye Health a Priority with VSP!

Your health comes first with VSP and Workday, Inc.. Take a look at your VSP vision care coverage.



VSP members save an annual average of

**\$489\***

## More Ways to Save

Extra **\$20** to spend on  
Featured Frame Brands†

bebe Calvin Klein COLE HAAN  
DRAGON FLEXON LONGCHAMP

 and more

Up to **40%** Savings on  
lens enhancements‡

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

Create an account today.  
Questions?

[vsp.com](https://vsp.com)

800.877.7195 (TTY: 711)



Scan QR code or visit [vsp.com](https://vsp.com)  
to learn more.

## 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.

**vsp**  
**PREMIER**  
**edge**

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](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.

\*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 for some members in the state of Texas.

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

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Classification: Restricted

## Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Workday, Inc..

**Provider Network:**

VSP Signature

**Effective Date:**

01/01/2026



| BENEFIT                                         | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COPAY                                            | FREQUENCY            |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|
| <b>YOUR COVERAGE WITH A VSP DOCTOR</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                      |
| <b>WELLVISION EXAM</b>                          | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                      | \$0<br>\$0                                       | Every calendar year  |
| <b>ESSENTIAL MEDICAL EYE CARE</b>               | <ul style="list-style-type: none"> <li>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>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>\$25</b>                                      | See frame and lenses |
| <b>FRAME*</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>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Impact-resistant lenses</li> <li>High-index lenses</li> <li>UV protection</li> <li>Average savings of 40% on other lens enhancements</li> </ul>                                                                                                                                                                                      | \$0<br>\$50<br>\$50<br>\$35<br>\$0<br>\$0<br>\$0 | 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>VSP LIGHTCARE™</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>Annual frame and lens benefit</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><br>\$25 for prescription lenses | Every calendar year  |
| <b>VISION THERAPY (DEPENDENT CHILDREN ONLY)</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>                                                                                                                                                                                         | \$0                                              | Every calendar year  |
| <b>ADDITIONAL SAVINGS</b>                       | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://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>                           |                                                  |                      |
|                                                 | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                |                                                  |                      |
|                                                 | <b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul> |                                                  |                      |

### COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](https://vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

|                                         |                                       |                                    |
|-----------------------------------------|---------------------------------------|------------------------------------|
| 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     |                                    |