Your VSP Vision Benefits Summary

WA FIRE COMMISSIONERS ASSOCIATION and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:
VSP Choice

EFFECTIVE DATE:
01/01/2025

vsp vision care

BENEFIT	DESCRIPTION	COPAY
ADULTS Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$0 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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		
FRAME[+]	• $195 Featured Frame Brands allowance • $175 frame allowance • 20% savings on the amount over your allowance • $95 Walmart/Sam's Club/Costco frame allowance • Every other calendar year	$0
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Every calendar year	$0
LENS ENHANCEMENTS	• Standard progressive lenses • Anti-glare coating • Impact-resistant lenses • Scratch-resistant coating • UV protection • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year	$0 $0 $0 $0 $0 $95 - $105 $150 - $175
CONTACTS (INSTEAD OF GLASSES)	• $175 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60
VSP LIGHTCARE™[+]	• $175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every other calendar year	$0

BENEFIT	DESCRIPTION	COPAY
UNDER AGE 19 Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$0 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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		
FRAME[+]	• $220 Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $110 Walmart/Sam's Club/Costco frame allowance • Every calendar year	$0
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Every calendar year	$0
LENS ENHANCEMENTS	• Standard progressive lenses • Anti-glare coating • Impact-resistant lenses • Scratch-resistant coating • UV protection • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year	$0 $0 $0 $0 $0 $95 - $105 $150 - $175
CONTACTS (INSTEAD OF GLASSES)	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60
VSP LIGHTCARE™[+]	• $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts • Every calendar year	$0

ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras for VSP Members • 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.

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

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** to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam ..... up to $45	Lined Bifocal Lenses ..... up to $50	Progressive Lenses ..... up to $50
Frame ..... up to $70	Lined Trifocal Lenses ..... up to $65	Contacts ..... up to $105
Single Vision Lenses ..... up to $30		

Classification: Restricted