# Make Eye Health a Priority with VSP!

Your health comes first with VSP and CITY OF RIVERSIDE. Take a look at your VSP vision care coverage.

## 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.*

## 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

**Provider Network:** VSP Signature

**Effective Date:** 01/01/2026

Create an account today.
Questions?
**vsp.com**
**800.877.7195 (TTY: 711)**

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

vsp vision care

| BENEFIT | DESCRIPTION | COPAY |
|---|---|---|
| **YOUR COVERAGE WITH A VSP DOCTOR** | | |
| **WELLVISION EXAM** | • Focuses on your eyes and overall wellness<br>• Routine retinal screening<br>• Every calendar year | $10<br>Up to $39 |
| **ESSENTIAL MEDICAL EYE CARE** | • Retinal imaging for members with diabetes covered-in-full<br>• 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.<br>• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.<br>• Available as needed | $20 per exam |
| **PRESCRIPTION GLASSES** | | **$25** |
| **FRAME+** | • $170 Featured Frame Brands allowance<br>• $150 frame allowance<br>• $80 frame allowance Walmart/Costco<br>• 20% savings on the amount over your allowance<br>• Every other calendar year | Included in Prescription Glasses |
| **LENSES** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Impact-resistant lenses for dependent children<br>• Every calendar year | Included in Prescription Glasses |
| **LENS ENHANCEMENTS** | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 40% on other lens enhancements<br>• Every calendar year | $0<br>$80 - $90<br>$120 - $160 |
| **CONTACTS (INSTEAD OF GLASSES)** | • $150 allowance for contacts and contact lens exam (fitting and evaluation)<br>• 15% savings on a contact lens exam (fitting and evaluation)<br>• Every calendar year | $0 |
| **ADDITIONAL SAVINGS** | **Glasses and Sunglasses**<br>• Discover all current eyewear offers and savings at **vsp.com/offers**.<br>• 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**<br>• Average of 15% off the regular price; discounts available at contracted facilities.<br>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | |
| | **Exclusive Member Extras for VSP Members**<br>• Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**.<br>• Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details.<br>• Enjoy everyday savings on health, wellness, and more with VSP Simple Values. | |

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

Exam ..... up to $50
Frame ..... up to $70
Single Vision Lenses ..... up to $50
Lined Bifocal Lenses ..... up to $75
Lined Trifocal Lenses ..... up to $100
Progressive Lenses ..... up to $75
Contacts ..... up to $105

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

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Classification: Restricted