

# A Look at Your VSP Vision Coverage

With VSP and ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS, your health comes first.



Enroll in VSP® Vision Care to 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 over \$3,000 in savings.

### Provider choices you want.

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

|   |   |
|---|---|
|  | Preferred private practice and retail in-network choices                            |
|  |  |

### 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](http://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.

  
vision care

More Ways  
to Save

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

bebe Calvin Klein  
COLE HAAN DRAGON.  
FLEXON LONGCHAMP  
PARIS  
 and more

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

+

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

Enroll through your employer today.  
Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

Your VSP Vision Benefits Summary  
ASSOCIATION FOR LOS ANGELES DEPUTY SHERIFFS  
and VSP provide you with an affordable vision plan.

**PROVIDER NETWORK:**

VSP Signature

**EFFECTIVE DATE:**

01/01/2024



| BENEFIT                                  | DESCRIPTION  | COPAY   | FREQUENCY           |
|--|--|---|---------------------|
| <b>Your 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 12 months     |
| <b>ESSENTIAL MEDICAL EYE CARE</b>        | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</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 doctor for details.</li> </ul>  | \$0 per screening<br>\$20 per exam                | Available as needed |
| <b>PRESCRIPTION GLASSES</b>              |  |   |                     |
| <b>FRAME*</b>                            | <ul style="list-style-type: none"> <li>\$195 featured frame brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Costco® frame allowance</li> </ul>  | \$0   | Every 12 months     |
| <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>  | \$0   | Every 12 months     |
| <b>LENS ENHANCEMENTS</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>UV protection</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>   | \$0<br>\$0<br>\$0<br>\$80 - \$90<br>\$120 - \$160 | Every 12 months     |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>     | <ul style="list-style-type: none"> <li>\$175 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>   | Up to \$60  | Every 12 months     |
| <b>RETINAL SCREENING</b>                 | <ul style="list-style-type: none"> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> </ul>   | \$0   | Every 12 months     |
| <b>LIGHTCARE™†</b>                       | <ul style="list-style-type: none"> <li>\$175 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>   | \$0   | Every 12 months     |
| <b>EXTRA SAVINGS</b>                     | <p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any 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 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul> |   |                     |

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

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

\*Disponible únicamente para miembros de VSP con beneficios aplicables del plan. Las promociones y los armazones de marca están sujetos a cambios.  
 †Ahorros basados en el precio minorista del médico y varían por plan y elección de compra, el promedio de ahorros se determina después de que se aplican los beneficios. Hable con su médico de la red de VSP para obtener más información.  
 ‡La cobertura con una cadena de establecimientos puede ser diferente o no aplicarse.  
 VSP garantiza la satisfacción de los miembros únicamente con los proveedores de la red de VSP. La información de la cobertura está sujeta a cambios. Si hubiera algún conflicto entre esta información y el contrato que tiene su organización con VSP, prevalecerán los términos del contrato. Dependiendo de las leyes aplicables, los beneficios pueden variar por zona. En el estado de Washington, VSP Vision Care, Inc., es el nombre legal de la corporación por medio de la cual VSP hace negocios. TruHearing no está disponible directamente de VSP en los estados de California y Washington. Premier Edge no está disponible para algunos miembros en el estado de Texas.  
 Para conocer sus derechos de privacidad y cómo se puede usar su información de salud protegida, consulte el aviso de prácticas de privacidad de VSP en [vsp.com](https://vsp.com).  
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