

# Make Eye Health a Priority with VSP!

Your health comes first with VSP and Manna Development. Take a look at your VSP vision care coverage.



VSP members save an annual average of

**\$489\***

## More Ways to Save

Additional **\$50** to spend on Featured Frame Brands<sup>†</sup> or **\$50** on any frame at Visionworks or Eyemart Express

bebe    Calvin Klein    COLE HAAN  
 DRAGON    FLEXON     LONGCHAMP PARIS  
 and more

Up to **40%** savings on lens enhancements<sup>‡</sup>

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

Enroll through your employer today.

Questions?

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

**800.877.7195 (TTY: 711)**



Scan QR code or visit [vsp.com](http://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.



Get more at preferred in-network doctor locations

private practice doctors

**Visionworks**

**EYEMART EXPRESS**  
PARTY OF STORES

## Premier Edge™ Promise

You now have access to the Premier Edge Promise, a worry-free eyewear guarantee.\*\*\* Whether you accidentally break or damage your glasses, your prescription changes, or if you don't love the glasses you chose, you're covered! Visit [vsp.com/zerocopay](http://vsp.com/zerocopay) for details.

\*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at Premier Edge 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. \*\*\*Worry-free guarantee covers broken/damaged glasses or a prescription change within 12 months, or a style change within 100 days. Restrictions may apply; visit [vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise](http://vsp.com/offers/premier-edge-offers/glasses-and-sunglasses/Premier-Edge-Promise) for terms and conditions.

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](http://vsp.com). Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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All other brands or marks are the property of their respective owners. 136668 VCCM

Classification: Restricted

# Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Manna Development. Get the most out of your benefits with low, or no out-of-pocket costs when you visit a VSP network doctor or Premier Edge location.

## Provider Network:

VSP Choice

## Effective Date:

01/01/2026



BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
<b>BASE PLAN</b> Coverage with a VSP Doctor					<b>BUY-UP PLAN</b> Coverage with a VSP Doctor
<b>WELLVISION EXAM*</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$20 <b>or \$0 at a Premier Edge location</b>	<b>WELLVISION EXAM*</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$20 <b>or \$0 at a Premier Edge location</b>
<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> <li>Unlimited</li> </ul>	Up to \$39	<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> <li>Unlimited</li> </ul>	Up to \$39
<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> <li>Available as needed</li> </ul>	\$20 per exam	<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> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		\$20	<b>PRESCRIPTION GLASSES</b>		\$20
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li><b>\$180 Featured Frame Brands allowance at a Premier Edge location or any frame at Visionworks or Eyemart Express</b></li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart/Sam's Club frame allowance</li> <li>\$70 Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses	<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li><b>\$230 Featured Frame Brands allowance at a Premier Edge location or any frame at Visionworks or Eyemart Express</b></li> <li>\$180 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$180 Walmart/Sam's Club frame allowance</li> <li>\$100 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS</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> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	<b>LENS</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> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS<sup>+</sup></b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	<b>LENS ENHANCEMENTS<sup>+</sup></b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$40	<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$180 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$40
<b>VSP LIGHTCARE™<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$20	<b>VSP LIGHTCARE™<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$180 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$20
<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="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>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.</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](http://vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam.....up to \$45

Frame.....up to \$70

Single Vision Lenses.....up to \$30

Lined Bifocal Lenses.....up to \$50

Lined Trifocal Lenses.....up to \$65

Progressive Lenses.....up to \$50

Contacts.....up to \$105