

VSP® Employer Group Savings Pass



The VSP Employer Group Savings Plan offers additional savings through discounts and guaranteed pricing on lenses, in addition to your Plan benefits and services.

Save up to \$3,000

With Exclusive Member Extras, members can save more than \$3,000 with special offers and deals from VSP and other leading industry brands.

Get up to \$250 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands like Bausch + Lomb.

\$1,000 savings on LASIK

Members can save up to \$1,000 on LASIK at LasikPlus NVISION Eye Centers, TLC Laser Eye Centers and The LASIK Vision Institute.

Learn more. Visit vsp.com/offers

Discounts through a VSP Choice Network Provider

Lenses	Lenses covered in full (after copayment) with the purchase of a complete pair of glasses			
	Single vision	\$40	Lined trifocal	\$75
	Lined bifocal	\$60	Lenticular	\$75
Lens Enhancements	All popular lens enhancements are covered after copayment, saving our members an average of 30%			
	Lens Enhancement	Single Vision	Multifocal	
	Anti-glare coating	\$41	\$41	
	Polycarbonate – Children	No cost	No cost	
	Polycarbonate – Adult	\$31	\$35	
	Progressive	N/A	\$55	
	Photochromic	\$75	\$75	
	Scratch-resistant coating	\$17	\$17	
Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.				
Frame	25% off the retail frame cost with the purchase of a complete pair of glasses			
Sunglasses	Within 12 months of exam: 20% off unlimited additional pairs of non-prescription sunglasses from any VSP doctor			
Elective Contact Lenses	Contact lens exam (fitting and evaluation): Member receives 15% off contact lens exam services			
VSP Laser VisionCare Program	Discounts average 15–20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and Custom Bladeless LASIK Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.			

Disclaimers and Exclusions

Based on applicable laws, benefits and savings may vary by doctor location. Promotions like special offers and rebates are continually evaluated and subject to change without notice.

The following items are not covered under this plan; two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read or Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

+The details provided in this guide are not exhaustive and will not cover all aspects of plan details. Please refer to the specific plan provider's summary plan descriptions or contact them directly for details, restrictions, and limitations.