

Make Eye Health a Priority with VSP!

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



	WITHOUT VSP	WITH VSP+
Eye Exam	\$205	\$15 Copay
Frame	\$170	\$25 Copay
Bifocal Lenses	\$171	
Custom Progressive Lenses	\$262	\$0
Light-reactive Lenses	\$136	\$75
Member-only Annual Contribution	N/A	\$158.16
Total	\$944	\$273.16

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 eye doctor can detect signs of over 270 health conditions during an eye exam.**

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 thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Save up to \$250 on Featured Frame Brands when you shop on Eyeconic®, the VSP online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

Computer VisionCare™ coverage.

Employees and their dependents enrolled in the VSP + EasyOptions Plan can get eyewear specifically designed for using digital devices to help reduce eye strain and fatigue. Anti-glare coating is covered-in-full!

VSP members save an annual average of
\$670.84*

Based on your selection at the time of your visit. Savings can be up to \$175 more per person!

Enroll through your employer today.
 Questions?
solventum.vspforme.com or 800.877.7195



Scan QR code or visit **solventum.vspforme.com** to learn more.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. †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.

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 and Eyeconic are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Solventum. Get coverage for essentials, or enhance your benefits by upgrading to VSP + EasyOptions for personalized coverage for all.

Provider Network:

VSP Choice

Effective Date:

01/01/2025



BENEFIT	DESCRIPTION	COPAY
MEDICAL PLAN ROUTINE VISION Coverage with a VSP Doctor		
WELLVISION EXAM*	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening Every calendar year 	\$15 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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

BENEFIT	DESCRIPTION	COPAY
VSP + EASYOPTIONS Coverage with a VSP Doctor		
WELLVISION EXAM*	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$15
RETINAL SCREENING	<ul style="list-style-type: none"> Images of the inside of the eye, used to screen for potential signs of eye disease Unlimited 	Up to \$39 or \$0 at a Premier Edge location
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> 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

Solventum Medical Plan Routine Vision Coverage and VSP + EasyOptions Coverage members can save even more with VSP Exclusive Member Extras! Visit vsp.com/offers or log in to your VSP member account to view additional savings!

PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$170 Walmart/Sam's Club/Costco frame allowance Every calendar year 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Included in Prescription Glasses
LENS ENHANCEMENTS*	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60

VSP EASYOPTIONS*	<p>Members can choose one of these upgrades</p> <ul style="list-style-type: none"> An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance Every calendar year 	Included in Prescription Glasses
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VSP LIGHTCARE™*	<ul style="list-style-type: none"> \$270 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 	\$25
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VSP COMPUTER VISIONCARE™SM	<p>Exam: Evaluates your needs related to computer use</p> <p>Frame and lenses:</p> <ul style="list-style-type: none"> \$100 frame allowance; 20% savings on the amount over your allowance Single vision, lined bifocal, lined trifocal, and occupational lenses Anti-glare coating covered-in-full Every calendar year 	\$15 for exam and glasses
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YOUR MONTHLY CONTRIBUTION	\$13.18 EE only \$24.87 EE + spouse/ domestic partner	\$22.54 EE + child(ren) \$34.23 EE + family
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