

# A Look at Your VSP Vision Coverage

With VSP and Lam Research Corporation  
(Enhanced Plan), 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 thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

### Shop online and connect your benefits.

 Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

### 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](https://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.



More Ways  
to Save

Extra

\$20

to spend on

Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONGCHAMP  
PARIS



and more

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



Up to

40%

Savings on  
lens enhancements‡

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

# Your VSP Vision Benefits Summary

Lam Research Corporation (Enhanced Plan) and VSP provide you with an affordable vision plan.

**Provider Network:**

VSP Signature

**Effective Date:**

01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>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> <li>Routine retinal screening</li> </ul>	\$10 \$0	Every calendar year
<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> </ul>	\$20 per exam	Available as needed
<b>EYEWEAR BENEFITS: ELIGIBLE FOR TWO PAIRS OF GLASSES (LENS AND FRAME) OR LIGHTCARE</b>		\$10 per pair	Every calendar year
<b>FRAME<sup>†</sup></b>	<ul style="list-style-type: none"> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Tints/Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>UV protection</li> <li>Anti-glare coating</li> <li>Premium and custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$20 \$40	Every calendar year
<b>VSP LIGHTCARE™<sup>‡</sup></b>	<ul style="list-style-type: none"> <li>Applies to first and second pair eyewear benefits</li> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$10	Every calendar year
<b>ELECTIVE CONTACT LENSES: AVAILABLE INSTEAD OF ONE PAIR OF GLASSES/LIGHTCARE</b>			
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$550 allowance for contacts</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	\$50	Every calendar year
<b>COMPUTER VISIONCARE™ (EMPLOYEE-ONLY COVERAGE)</b>			
<b>COMPUTER VISIONCARE™ (EMPLOYEE-ONLY COVERAGE)</b>	<p><b>Computer Vision Exam</b></p> <ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> </ul> <p><b>Frame and Lenses</b></p> <ul style="list-style-type: none"> <li>\$170 Featured Frame Brand allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses with anti-glare coating covered-in-full</li> </ul>	\$10 for exam and glasses  Combined with exam	Every calendar year

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

<sup>‡</sup>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.

\*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.

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).

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