vsp vision care

Make Eye Health a Priority with VSP!

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



VSP members save an annual average of

$489*

More Ways to Save

Extra $20 to spend on Featured Frame Brands†

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

Up to 40% Savings on lens enhancements‡

See all brands and offers at **vsp.com/offers**.

Enroll through your employer today.
Questions?
vsp.com
800.877.7195 (TTY: 711)

Scan QR code or visit **albertsons.vspforme.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.

vsp PREMIER edge

Get more at preferred in-network doctor locations

private practice doctors · Visionworks · EYEMART EXPRESS FAMILY OF STORES

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.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network 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.

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, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

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Your VSP Vision Benefits Summary

Albertsons, LLC, and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

Provider Network:
VSP Choice
Effective Date:
01/01/2027

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BENEFIT	DESCRIPTION	COPAY
STANDARD PLAN Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$0 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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
PRESCRIPTION GLASSES		$15
FRAME+	• $155 Frame allowance • $175 Featured Frame Brands allowance • 20% savings on the amount over your allowance • Every other calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • UV Protection • Scratch Coating • Average savings of 30% on other lens enhancements • Every calendar year	$0 $95 – $105 $150 – $175 $0 $0
CONTACTS (INSTEAD OF GLASSES)	• $145 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every calendar year	$0
KIDSCARE (DEPENDENT CHILDREN ONLY)	• Two exams that focus on your eye and overall wellness every calendar year • $155 frame allowance every calendar year • Same lens coverage and frequency as above • Additional pair of lenses when needed (minimum prescription change required)	$0 per exam $15 for Prescription Glasses

BENEFIT	DESCRIPTION	COPAY
PREMIER PLAN Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening • Every calendar year	$20 Up to $39
ESSENTIAL MEDICAL EYE CARE	• 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
PRESCRIPTION GLASSES		$15
FRAME+	• $200 Frame allowance • $220 Featured Frame Brands allowance • 20% savings on the amount over your allowance • Every calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Tints/Light-reactive lenses • UV Protection • Scratch Coating • Average savings of 30% on other lens enhancements • Every calendar year	$0 $95 – $105 $150 – $175 $0 $0 $0
CONTACTS (INSTEAD OF GLASSES)	• $175 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60
KIDSCARE (DEPENDENT CHILDREN ONLY)	• Two exams that focus on your eye and overall wellness every calendar year • $200 frame allowance every calendar year • Same lens coverage and frequency as above • Additional pair of lenses when needed (minimum prescription change required)	$20 per exam $15 for Prescription Glasses

ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 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.
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.
	Exclusive Member Extras • Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.

YOUR COVERAGE GOES FURTHER IN-NETWORK

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** to find an in-network provider. 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
Tints (Premier Plan only).....up to $5

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