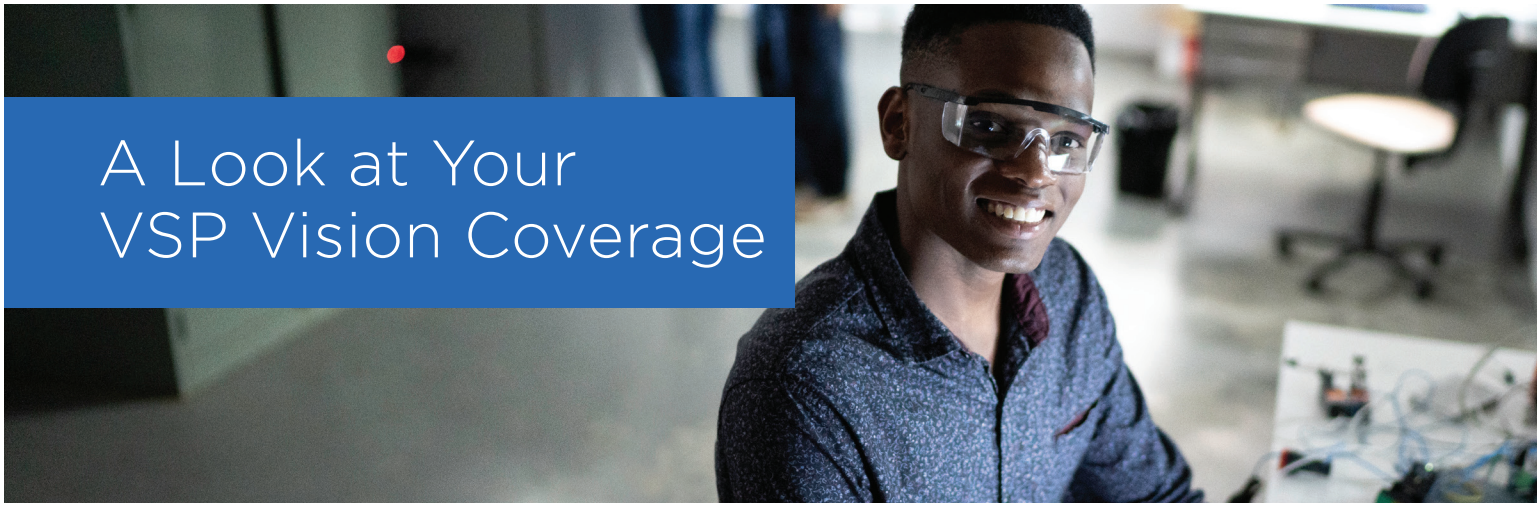

A Look at Your VSP Vision Coverage

See Healthy and Live Happy with Help from Cornell University Student Plan and VSP.

vsp vision care | Cornell University

Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

Provider choices you want.
It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to **Premier Program** locations—including thousands of **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide.

vsp PREMIER PROGRAM

Like shopping online? Go to **eyeconic.com** and use your vision benefits to 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.

	WITHOUT VSP	WITH VSP COVERAGE
Eye Exam	$194	$10
Frame	$120	
Bifocal Lenses	$158	
Custom Progressive Lenses	$254	$150
Anti-glare Coating	$149	$85
Student-only Annual Contribution	N/A	$51.15
Total	$875	$296.15

Using your benefit is easy!

Create an account on **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.

YOUR ESTIMATED ANNUAL SAVINGS WITH VSP

$578.85

Based on state and national averages for eye exams and most commonly purchased brands. This chart represents average savings for VSP members. Your actual savings will depend on the eyewear you choose, the plan available to you, your copays, your premium, and whether it is deducted from your paycheck pre-tax.

Enroll today. 7/1/2022 - 8/31/2022
Contact us: **800.400.4569** or **custudents.vspforme.com**

Your VSP Vision Benefits Summary

Cornell University Student Plan and VSP provide you with an affordable vision plan.

Provider Network:
VSP Choice

Effective Date:
08/01/2022

vsp vision care | Cornell University

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	• Focuses on your eyes and overall wellness	$10 for exam and glasses	Every plan year*
ESSENTIAL MEDICAL EYE CARE	• Retinal screening for members with diabetes. • 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 doctor for details.	$0 per screening $20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME	• $140 Featured Frame Brand allowance • $120 frame allowance • 20% savings on the amount over your allowance • $65 Walmart/Sam's Club/Costco frame allowance	Combined with exam	Every plan year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Combined with exam	Every plan year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 – $105 $150 – $175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	• $120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every plan year
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on Featured Frame Brands. Go to **vsp.com/offers** for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Routine Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam.		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
YOUR MONTHLY CONTRIBUTION	$4.65 Student only $12.85 Student + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to **vsp.com** to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage 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.

Log in to **vsp.com** to find an in-network provider based on your plan type.

***Plan year 8/1/2022 - 6/30/2023**

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All other brands or marks are the property of their respective owners. 103698 VCCM

Classification: Restricted