

A Look at Your VSP Vision Coverage



With VSP and Leidos Holdings Inc., 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.

Maximize your benefits at a **Premier Program** location, including thousands of **private practice doctors** and over 700 **Visionworks® retail locations** nationwide.



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.

VSP EasyOptions

Each member on your plan can personalize their benefit with easy. Choose the upgrade that's right for you! Check out the plan grid to see your upgrade options.

More Ways to Save

Additional \$50
to spend on
Featured Frame Brands†

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

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

UP TO 40%
SAVINGS ON LENS
ENHANCEMENTS‡



Enroll through your employer today.

Contact us: 800.877.7195 or leidos.vspforme.com

Your VSP Vision Benefits Summary

Leidos Holdings Inc. 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:

01/01/2023



BENEFIT	DESCRIPTION	COPAY
BASE PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$20 for Exam and Glasses 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
PRESCRIPTION GLASSES		
FRAME⁺	<ul style="list-style-type: none"> \$200 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club/Costco frame allowance Every calendar year 	Combined With Exam
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	Combined With Exam
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
LASER VISIONCARE PREFERRED PROGRAM	<ul style="list-style-type: none"> \$100 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average of 15% off regular price or 5% off the promotion price. Discounts only available from contracted facilities. Once per lifetime 	\$0

BENEFIT	DESCRIPTION	COPAY
PLUS PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$20 for Exam and Glasses 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
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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 light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance Every calendar year 	Included in Prescription Glasses
LASER VISIONCARE PREFERRED PROGRAM	<ul style="list-style-type: none"> \$100 allowance per eye for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK Average of 15% off regular price or 5% off the promotion price. Discounts only available from contracted facilities. Once per lifetime 	\$0

[†]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.

*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.

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