

# A Look at Your VSP Vision Coverage

With VSP and Performance Food Group,  
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 private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

|   |   |
|---|---|
|  | Preferred private practice and retail in-network choices  |
|   |   |

### 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](http://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.

  
vision care

More Ways  
to Save

Additional  
**\$50**  
to spend on  
Featured Frame Brands<sup>†</sup>

bebe Calvin Klein  
COLE HAAN DRAGON  
FLEXON LONGCHAMP  
PARIS  
 and more

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

**+**  
Up to  
**40%**  
Savings on  
lens enhancements<sup>‡</sup>

Enroll through your employer today.  
Contact us: **800.877.7195** or [pfgc.vspforme.com](http://pfgc.vspforme.com)

# Your VSP Vision Benefits Summary

Performance Food Group 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:**

01/01/2024



| BENEFIT  | DESCRIPTION  | COPAY                                |
|--|--|--------------------------------------|
| <b>BASIC PLAN</b> Coverage with a VSP Provider |  |                                      |
| <b>WELLVISION EXAM</b>                         | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>  | \$20<br>Up to \$39                   |
| <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> <li>Available as needed</li> </ul> | \$0 per exam                         |
| <b>PRESCRIPTION GLASSES</b>                    |  |                                      |
| <b>FRAME<sup>+</sup></b>                       | <ul style="list-style-type: none"> <li>\$200 Featured Frame Brands allowance</li> <li>\$200 Visionworks frame allowance on any frame</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart/Sam's Club/Costco frame allowance</li> <li>Every other calendar year</li> </ul>  | Included in Prescription Glasses     |
| <b>LENSES</b>                                  | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>   | Included in Prescription Glasses     |
| <b>LENS ENHANCEMENTS</b>                       | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>   | \$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>           | <ul style="list-style-type: none"> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$60                           |

| BENEFIT   | DESCRIPTION  | COPAY                                |
|---|--|--------------------------------------|
| <b>ENHANCED PLAN</b> Coverage with a VSP Provider |  |                                      |
| <b>WELLVISION EXAM</b>                            | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>  | \$0<br>Up to \$39                    |
| <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> <li>Available as needed</li> </ul> | \$0 per exam                         |
| <b>PRESCRIPTION GLASSES</b>                       |  |                                      |
| <b>FRAME<sup>+</sup></b>                          | <ul style="list-style-type: none"> <li>\$300 Featured Frame Brands allowance</li> <li>\$300 Visionworks frame allowance on any frame</li> <li>\$250 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$250 Walmart/Sam's Club/Costco frame allowance</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses     |
| <b>LENSES</b>                                     | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>   | Included in Prescription Glasses     |
| <b>LENS ENHANCEMENTS</b>                          | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>   | \$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>              | <ul style="list-style-type: none"> <li>\$300 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$20                           |

|                           |  |
|---------------------------|--|
| <b>ADDITIONAL SAVINGS</b> | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>40% savings on additional pairs of prescription glasses from same VSP network provider who performed your WellVision exam within 12 months of your last exam. 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.</li> </ul> |
|                           | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>   |
|                           | <b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul>                           |

## 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](https://vsp.com) to find an in-network provider.

<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.

<sup>†</sup>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](https://vsp.com).

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