

# A Look at Your VSP Vision Coverage

With VSP and SAIF CORPORATION,  
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.

### KidsCare

Get the additional eye care your active, growing child needs —with two eye exams and a pair of glasses fully covered, every year.

**vsp**  
vision care

More Ways  
to Save

Extra

\$20

to spend on  
Featured Frame  
Brands†

bebe

CALVIN KLEIN

COLE HAAN

DRAGON

FLEXON

LACOSTE



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)

†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.

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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Classification: Restricted

# Your VSP Vision Benefits Summary

Saif Corporation 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 Signature

**Effective Date:**

01/01/2024



BENEFIT	DESCRIPTION	COPAY
<b>BASE 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>Every 12 months</li> </ul>	\$25 for Exam and Glasses
<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>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME<sup>+</sup></b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart/Sam's Club frame allowance</li> <li>\$80 Costco frame allowance</li> <li>Every 24 months</li> </ul>	Combined With Exam
<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 24 months</li> </ul>	Combined With Exam
<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>Anti-glare coating</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every 24 months</li> </ul>	\$0 \$80 - \$90 \$120 - \$160 \$30
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 24 months</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™<sup>++</sup></b>	<ul style="list-style-type: none"> <li>\$150 frame allowance or \$80 Costco frame allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every 24 months</li> </ul>	\$25 for Exam and Glasses
<b>KIDSCARE (DEPENDENT CHILDREN UNDER 19 YEARS OLD)</b>	<ul style="list-style-type: none"> <li>Children have two, fully covered WellVision Exams, if needed</li> <li>Additional lenses for children are fully covered when needed. Minimum prescription change required</li> <li>Available at VSP network doctors only (not available at Walmart, Sam's Club, or Costco)</li> <li>Every 12 months</li> </ul>	\$25 for Exam and Glasses
<b>COMPUTER VISIONCARE<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Exam, \$90 frame, and lenses have the same frequency as your chosen plan.</li> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Available at VSP network doctors only (not available at Walmart, Sam's Club, or Costco)</li> <li>Every 24 months</li> </ul>	\$25 for Exam and Glasses

BENEFIT	DESCRIPTION	COPAY
<b>BUY-UP 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>Every 12 months</li> </ul>	\$25 for Exam and Glasses
<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>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<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>\$200 Walmart/Sam's Club frame allowance</li> <li>\$110 Costco frame allowance</li> <li>Every 12 months</li> </ul>	Combined With Exam
<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 12 months</li> </ul>	Combined With Exam
<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>Anti-glare coating</li> <li>Average savings of 40% on other lens enhancements</li> <li>Every 12 months</li> </ul>	\$0 \$30 \$30 \$30
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every 12 months</li> </ul>	Up to \$60
<b>VSP LIGHTCARE™<sup>++</sup></b>	<ul style="list-style-type: none"> <li>\$200 frame allowance or \$110 Costco frame allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> <li>Every 12 months</li> </ul>	\$25 for Exam and Glasses
<b>KIDSCARE (DEPENDENT CHILDREN UNDER 19 YEARS OLD)</b>	<ul style="list-style-type: none"> <li>Children have two, fully covered WellVision Exams, if needed</li> <li>Additional lenses for children are fully covered when needed. Minimum prescription change required</li> <li>Available at VSP network doctors only (not available at Walmart, Sam's Club, or Costco)</li> <li>Every 12 months</li> </ul>	\$25 for Exam and Glasses
<b>COMPUTER VISIONCARE<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Evaluates your needs related to computer use</li> <li>Exam, \$90 frame, and lenses have the same frequency as your chosen plan.</li> <li>Single vision, lined bifocal, lined trifocal, and occupational lenses</li> <li>Available at VSP network doctors only (not available at Walmart, Sam's Club, or Costco)</li> <li>Every 12 months</li> </ul>	\$25 for Exam and Glasses

## 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://www.vsp.com) to find an in-network provider.

\*LightCare non-prescription eyewear is not available at Walmart/Sam's Club—only prescription glasses.

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