# A Look at Your VSP Vision Coverage

With VSP and Dental Pay Plus, your health comes first.



As a member, you'll 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 $^{\text{\tiny M}}$  location.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

#### 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** 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.

# Enroll in VSP today. You'll be glad you did.

Contact the Amherst Chamber of Commerce

benefits@amherst.org





More Ways to Save

Extra

\$20

to spend on Featured Frame Brands†

bebe

Calvin Klein

COLE HAAN

@DRAGON.

FLEXON

LONGCHAMP



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



Up to

40%

Savings on lens enhancements!

## Your VSP Vision Benefits Summary

Dental Pay Plus and VSP provide you with an

affordable vision plan.

#### **PROVIDER NETWORK:**

**VSP Signature** 



TION	COPAY	FREQUENCY
Your Coverage with a VSP Provider		
on your eyes and overall wellness etinal screening	\$10 Up to \$39	Every calendar year
aging for members with diabetes covered-in-full I exams and services beyond routine care to treat e issues from pink eye to sudden changes in vision or rongoing conditions such as dry eye, diabetic eye laucoma, and more.  ion with your medical coverage may apply. Ask your ork doctor for details.	\$20 per exam	Available as needed
	\$20	See frame and lenses
ured Frame Brands allowance e allowance gs on the amount over your allowance	Included in Prescription Glasses	Every other calendar year
on, lined bifocal, and lined trifocal lenses sistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
ve lenses avings of 40% on other lens enhancements	\$0	Every calendar year
vance for contacts and contact lens exam (fitting and n) gs on a contact lens exam (fitting and evaluation)	\$0	Every calendar year
Sunglasses to spend on Featured Frame Brands. Go to vsp.com/of gs on unlimited additional pairs of prescription or non- ncements, from the same VSP provider on the same day a P provider within 12 months of your last WellVision Example Correction	prescription glas as your WellVisio m.	
of 15% off the regular price; discounts available at contra lery, use your frame allowance (if eligible) for sunglasse		doctor
o 60% on digital hearing aids with TruHearing®. Visit <b>vsp</b>	o.com/offers/spe	
r	ns rebates, lens satisfaction guarantees, and more offe 60% on digital hearing aids with TruHearing <sup>®</sup> . Visit <b>vsp</b> yday savings on health, wellness, and more with VSP S	ns rebates, lens satisfaction guarantees, and more offers at vsp.com/of 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/spe yday savings on health, wellness, and more with VSP Simple Values.

#### **COVERAGE WITH AN OUT-OF-NETWORK PROVIDER**

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 \$50 Lined Bifocal Lenses .....up to \$75 Progressive Lenses .....up to \$75 Lined Trifocal Lenses .....up to \$100 Frame .....up to \$70 Contacts .....up to \$105 Single Vision Lenses .....up to \$50

> **Amherst Chamber of Commerce** (716) 632.6905 benefits@amherst.org

> > 2026 Quarterly Rates

**Employee Only:** \$49.50 Family: \$78.00

\$\$avings 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. 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.

<sup>†</sup>Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change