

2023 Federal Employees  
Dental and Vision Insurance Program (FEDVIP)

# Eye Care is Healthcare



vsp.  
vision care



# A Look At Your VSP Vision Coverage

As a VSP® FEDVIP member, your health comes first. Enrolling in VSP Vision Care gives you peace of mind with personalized eye care at VSP network locations with low or no out-of-pocket costs.

## 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 over 270 systemic health conditions, like diabetes and high blood pressure.<sup>1</sup>

## No exam copays at Premier Program locations.

That's right, it's fully covered and get a higher frame allowance, too!<sup>2</sup>

## Provider choices you want.

Maximize your coverage at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks® retail locations nationwide. You'll also have access to exclusive offers, a wide selection of featured frame brands, and the latest technology.

## Backed by the VSP PremierMax Promise

The VSP PremierMax™ Promise is a first-of-its-kind, worry-free eyewear guarantee when you go to a Premier Program location. You're protected from the unexpected—whether it's accidentally broken or damaged glasses, a prescription change, or you don't love the glasses you chose.<sup>3</sup>



Featured Frame Brands Include: bebe, Calvin Klein, Flexon®, MarchonNYC™, Nike, and more.

## Shop online and connect your benefits.

You'll save on contacts, glasses, and sunglasses when you use your benefits on **eyeconic.com**®—the VSP preferred online retailer.

## Value and savings you'll love.

VSP members who enroll in the Standard Option plan save an average of **\$513** and members in the High Option plan save **\$662** when they visit one of our more than **106,000** network access points across the US. Members who visit a Premier Program location save even more!<sup>4</sup>

EXAM/EYEWEAR	WITHOUT VSP <sup>4</sup>	WITH VSP HIGH OPTION PLAN AT PREMIER PROGRAM LOCATIONS
Eye Exam	\$194	\$0 copay
Frame (\$250 allowance)	\$250	
Single Vision Lenses	\$107	
TechShield® Anti-reflective Coatings	\$149	\$0
Impact-Resistant Lenses	\$58	\$0
Light-reactive Lenses	\$128	\$0
Self Only Annual Premium (Pre-tax for Employees)	N/A	\$173.64
<b>TOTAL COST FOR SERVICES</b>	<b>\$886</b>	<b>\$173.64</b>

1. Full Picture of Eye Health, American Optometric Association, 2020. 2. Both the Standard Option and High Option plans include a \$0 exam copay at Premier Program locations, including Visionworks, or a \$10 exam copay at other in-network providers. The Standard Option plan includes a \$200 frame allowance on featured frame brands at Premier Program locations or any frame at Visionworks® or a \$150 frame allowance at other in-network providers. The High Option plan includes a \$250 frame allowance on featured frame brands at Premier Program locations or any frame at Visionworks or a \$200 frame allowance at other in-network providers. 3. Restrictions apply. A \$40 processing fee may apply for the patient. Applies to Marchon/Altair® featured frame brands. 4. Comparison based on national average for comprehensive eye exams and most commonly purchased brands.

## AVERAGE ANNUAL SAVINGS<sup>4</sup>

# \$712.36

Psst...family savings will be even higher!

# Your Health Matters. Enroll In Vision Coverage Today.

Enroll at **BENEFEDS.com** or call **877.888.FEDS (3337)** from **November 14 – December 12, 2022 (midnight EST)**. Choose the Standard Option plan or select the High Option plan for enhanced benefits. You can enroll in VSP no matter which medical plan you choose. We'll coordinate with your medical or other vision coverage, so you get the most from your VSP benefits.

**If you're happy with your VSP plan, no action is needed! You will automatically stay enrolled in the same plan next year.**

## BOLD = SAVINGS YOU'LL LOVE

STANDARD OPTION PLAN		COPAY	HIGH OPTION PLAN		COPAY
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li><b>Fully covered at Premier Program locations, including Visionworks</b></li> <li>Every calendar year</li> </ul>	\$10 or <b>\$0 at Premier Program locations</b>	<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li><b>Fully covered at Premier Program locations, including Visionworks</b></li> <li>Every calendar year</li> </ul>	\$10 for exam and/or glasses or <b>\$0 for exam and/or glasses at Premier Program locations</b>
<b>FRAMES</b>	<ul style="list-style-type: none"> <li><b>\$200 Featured Frame Brand allowance at Premier Program locations</b></li> <li>\$200 allowance on <b>any frame</b> at Visionworks</li> <li>\$150 frame allowance (can also be used at Walmart/Sam's Club)</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	\$20	<b>FRAMES</b>	<ul style="list-style-type: none"> <li><b>\$250 Featured Frame Brand allowance at Premier Program locations</b></li> <li>\$250 allowance on <b>any frame</b> at Visionworks</li> <li>\$200 frame allowance (can also be used at Walmart/Sam's Club)</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and lenticular lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>		<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal, and lenticular lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	
<b>PROGRESSIVE LENSES</b>	<ul style="list-style-type: none"> <li><b>Standard progressive lenses</b></li> <li>Premium progressive lenses such as Unity® Via II</li> <li>Custom progressive lenses</li> </ul>	<b>\$0</b> \$95 – \$105 \$150 – \$175	<b>PROGRESSIVE LENSES</b>	<ul style="list-style-type: none"> <li><b>Standard progressive lenses</b></li> <li>Premium progressive lenses such as Unity® Via II</li> <li>Custom progressive lenses</li> </ul>	<b>\$0</b> \$95 – \$105 \$150 – \$175
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Anti-reflective coatings such as TechShield®</li> <li><b>Scratch-resistant coating</b></li> <li><b>Impact-resistant lenses—adults</b></li> <li><b>UV coating</b></li> <li>Tints</li> <li>Light-reactive lenses such as SunSync®</li> <li>Average 30% savings on other lens enhancements</li> </ul>	\$41 – \$85 <b>\$0</b> <b>\$0</b> <b>\$0</b> \$15 \$75	<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li><b>All TechShield anti-reflective coatings</b></li> <li>Other anti-reflective coatings</li> <li><b>Scratch-resistant coating</b></li> <li><b>Impact-resistant lenses—adults</b></li> <li><b>UV coating</b></li> <li><b>Tints</b></li> <li><b>Light-reactive lenses such as SunSync</b></li> <li>Average 30% savings on other lens enhancements</li> </ul>	<b>\$0</b> \$21 – \$65 <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b> <b>\$0</b>
<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 \$55	<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 calendar year</li> </ul>	Up to \$55

## ADDED VALUE AVAILABLE ON BOTH PLANS

<b>VSP KIDSCARE</b>	<ul style="list-style-type: none"> <li><b>Two exams</b> that focus on eye and overall wellness for dependents under age 18.</li> <li><b>An additional set of lenses (or contacts) is covered in the same plan year, if needed.</b> Minimum prescription change is required.</li> </ul>	Copay may apply
<b>VSP LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>Even if you don't wear prescription glasses, <b>you can use your frame and lens allowance for ready-made non-prescription sunglasses or blue light filtering glasses</b> from your VSP network doctor. Like shopping online? Go to <b>eyeconic.com</b>, the preferred VSP online retailer, and check out the wide selection of ready-made eyewear available.</li> </ul>	Copay may apply
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li><b>Covered-in-full retinal screening</b> for members with diabetes and no diabetic eye disease.</li> <li>Additional exams and services 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 insurance plan may apply. Ask your VSP network doctor for details.</li> </ul>	<b>\$0</b>
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>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. Discover all current eyewear offers and savings at <b>vsp.com/offers</b>.</li> </ul>	
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<b>Exclusive Member Extras</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <b>vsp.com/offers</b>.</li> <li>Everyday savings on entertainment, health and wellness, travel, and more with VSP Simple Values.</li> </ul>	
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to your WellVision Exam for members without diabetes.</li> </ul>	
	<b>Out-of-network</b> <ul style="list-style-type: none"> <li>Get the most out of your benefits and greater savings with a VSP in-network doctor or when you use your benefits on eyeconic.com. Call Member Services at 800.807.0764 for out-of-network plan details.</li> </ul>	

## STANDARD OPTION PLAN PREMIUMS

	BI-WEEKLY	MONTHLY
<b>SELF ONLY</b>	\$3.54	\$7.67
<b>SELF + ONE</b>	\$7.07	\$15.32
<b>SELF + FAMILY</b>	\$10.62	\$23.01

## HIGH OPTION PLAN PREMIUMS

	BI-WEEKLY	MONTHLY
<b>SELF ONLY</b>	\$6.68	\$14.47
<b>SELF + ONE</b>	\$13.38	\$28.99
<b>SELF + FAMILY</b>	\$20.08	\$43.51

# 2023 VSP Benefit Highlights

## Thank You to Our Members!

Our members are at the heart of everything we do. We want to make sure you get the most out of your vision coverage and help keep your eyes healthy so you can keep doing the things you enjoy most.

## Get More at VSP Premier Program Locations.



**\$0 exam copay.** As a FEDVIP member, your annual eye exam is fully covered when you visit a Premier Program location.

**\$250 frame allowance.** High Option plan members get \$250 on Featured Frame Brands at Premier Program locations or any frame at Visionworks.

**Premier Offers.** VSP regularly adds offers on frames, contacts, and lenses that can only be used at Premier Program locations.

**The PremierMax Promise.** When you visit a Premier Program location, you are backed by a worry-free eyewear guarantee that protects you from the unexpected.

## There's Even More to Love.

**Vision coverage can bring you peace of mind.** With VSP, you're covered with Essential Medical Eye Care for emergency eye health needs, and benefits that can even help cover the cost of broken or damaged glasses.

**Eyewear for everyone!** Even if you don't wear prescription glasses, you can still defend your eyes from the sun and blue light with LightCare which is included in both plans.

**Save on lens enhancements.** TechShield anti-reflective coatings and SunSync light-reactive lenses are fully covered under the High Option plan. There's also no copay in either plan for scratch-resistant lenses, impact-resistant lenses, or UV coating.

**Go to [eyeconic.com](https://www.eyeconic.com) to connect your vision benefits.** Shop over 70 brands of contacts, eyeglasses, and sunglasses and you'll save 20% off any out-of-pocket eyewear costs, just for being a VSP member.

**Questions? Visit [choosevsp.com](https://www.choosevsp.com) or call 800.807.0764.**



Classification: Public

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://www.vsp.com).

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.

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