# A Look at Your VSP Vision Coverage

With VSP and MARVELL SEMICONDUCTOR, INC., your health comes first.



**YSP**...

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.

vsp.

PREMIER With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge<sup>™</sup> location.

#### Shop online and connect your benefits.

Eyeconic<sup>®</sup> is the preferred VSP online retailer where eveconic 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<sup>®</sup>. 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.



vision care

Savings on lens enhancements<sup>‡</sup>

## Your VSP Vision Benefits Summary

MARVELL SEMICONDUCTOR, INC. and VSP provide you with an affordable vision plan.

#### PROVIDER NETWORK:

VSP Signature **EFFECTIVE DATE:** 

01/01/2025



Image: Solution returns is creening       Solution       Solution         Image: Solution returns is creening       Solution       Solution         Image: Solution returns is constrained in the same 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.       \$20 per exam         Image: Coordination with your medical coverage may apply. Ask your VSP network doctor for details.       \$225       See frame and len included in prescription         FRAME*       \$220 per atured Frame Brands allowance       Included in prescription       Every calendary of Glasses         ILENSES       \$100 Costco frame allowance       Included in prescription       Every calendary of Glasses         ILENSES       \$100 Costco frame allowance       Included in prescription       Every calendary of Glasses         ILENSEN       \$100 Costco frame allowance       \$0       Every calendary of Glasses       \$0         ILENSEN       \$100 Costco frame allowance       \$0       Every calendary of Glasses       \$0         ILENSEN       \$100 Costco frame allowance       \$0       \$100 Costco frame allowance       \$0         ILENSEN       \$100 costco frame allowance       \$0       \$100 costco frame allowance       \$0         ILENSEN       \$100 costco frame allowance       \$100 costco frame allowance <th>BENEFIT</th> <th>DESCRIPTION</th> <th>COPAY</th> <th>FREQUENCY</th>	BENEFIT	DESCRIPTION	COPAY	FREQUENCY
• Routine retinal screening       \$ 0       Every calendary is         • Soutine retinal manging for members with diabetes covered-in-full       • Retinal manging for members with diabetes covered-in-full       • Soutine retinal manging for members with diabetes covered-in-full       • Soutine retinal manging for members with diabetes covered-in-full       • Available as need         • Settinal manging for members with diabetes covered-in-full       • Available as need       • Available as need         • Coordination with your medical coverage may apply. Ask your       • Available as need       • Available as need         • Coordination with your medical coverage may apply. Ask your       • Soutine retinal manging for members with diabetes coverage       • Available as need         • Single vision, lined bifccal, and lined trifocal lenses       • Included in       • Every calendary yoil         • Single vision, lined bifccal, and lined trifocal lenses       • Included in       • Every calendary yoil         • Single vision, lined bifccal, and lined trifocal lenses       • Souther yoil of the souther sou		Your Coverage with a VSP Provider		
essential MEDICAL       • Additional exams and services beyond routine care to treat or treat or monitor ongoing conditions such as dry eye, diabetic eye disease, glacoma, and more.       • Available as need         essential medical issues of monix heye to sudden changes in vision       • Available as need         essentiation with your medical coverage may apply. Ask your VSP network doctor for details.       • S20 Featured Frame Brands allowance       Included in Prescription         FRAME*       • \$200 Featured Frame Brands allowance       Included in Prescription       Every calendary of Glasses         LENSES       • S10 Costor frame allowance       Prescription       Every calendary of Glasses         LENSES       • Standard progressive lenses       \$ \$ \$ 0       Every calendary of Glasses         ILENSE SINHANCEMENT       • Standard progressive lenses       \$ \$ 0       Every calendary of Glasses         • Custom progressive lenses       \$ \$ 0       Every calendary of \$ 00% on other lens enhancements       \$ 0         • Average savings of 40% on other lens enhancements       \$ 0       Every calendary of \$ 00% on other lens enhancements       \$ 0         • Average savings of 40% on other lens enhancements       \$ 0       Every calendary of \$ 00% on other lens enhancements       \$ 0         • Average savings of the amount over your allowance       \$ \$ 200 allowance for contacts; copay does not apply       Up to \$ 25       Every calendary of \$ 00% savings on the amo	WELLVISION EXAM			Every calendar year
* \$220 Featured Frame Brands allowance       Included in Prescription Glasses       Every calendar yo Glasses         * Single vision, lined bifocal, and lined trifocal lenses       Included in Prescription Glasses       Every calendar yo Glasses         * ENSES       * Single vision, lined bifocal, and lined trifocal lenses       Included in Prescription Glasses       Every calendar yo Glasses         * ENSES       * Standard progressive lenses       \$20 - \$300 \$300       Every calendar yo Glasses         * ENSENHANCEMENTS       * Standard progressive lenses       \$210 - \$100 \$300       Every calendar yo \$300         * Custom progressive lenses       \$210 - \$100 \$300       Every calendar yo \$300       Every calendar yo \$300         * Average savings of 40% on other lens enhancements       \$00       Every calendar yo \$300         CONTACTS (INSTEAD OF GLASSES)       * \$2200 Featured Frame Brands allowance       \$25 for frame and lenses       Every calendar yo \$100 Costco frame allowance         * REAME"       * \$2200 Featured Frame Brands allowance       \$25 for frame and lenses       Every calendar yo \$200 frame allowance         * Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yo \$200 frame allowance         * Single vision, lined bifocal, and lined trifocal lenses       Contact lens exam (fitting and evaluation)       Up to \$25		<ul> <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</li> </ul>	\$20 per exam	Available as needed
* \$200 frame allowance       Prescription Glasses       Every calendar yd Every calendar yd Glasses         EINSES       * Single vision, lined bifocal, and lined trifocal lenses       Included in Prescription Glasses       Every calendar yd Glasses         EINSEN       * Standard progressive lenses * Premum progressive lenses * Ocustom progressive lenses * Anthi-glare coating * Anthi-glare coating * Anthi-glare coating * Average savings of 40% on other lens enhancements       \$0         CONTACTS (INSTEAD OF GLASSES)       * \$200 allowance for contacts; copay does not apply * Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yd \$30         ADDITIONAL PAIRS OF EVEWEAR       * \$200 allowance * 20% savings on the amount over your allowance * 200 frame allowance * 200 frame allowance * 200 frame allowance * 200 frame allowance * 200 allowance for additional contacts * Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yd every calendar yd * S100 Costco frame allowance * 200 allowance for additional contacts * Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yd every calendar yd * S100 Costco frame allowance * 200 allowance for additional contacts * Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yd every calendar yd * S100 Costco frame allowance * Contact lens exam (fitting and evaluation)         VSP LightCare**       * S200 allowance for additional contacts * Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yd every calendar yd ector find possible signs of eyd eisease.         ADDITIONAL COVERAGE	PRESCRIPTION GLASSE	ES	\$25	See frame and lenses
LENSES       Standard progressive lenses       \$0         Standard progressive lenses       \$0         Premium progressive lenses       \$80 - \$90         Custom progressive lenses       \$80 - \$90         Anti-glare coating       \$120 - \$160         Amat-resistant lenses       \$0         Average savings of 40% on other lens enhancements       \$0         CONTACTS (INSTEAD OF GLASSES)       \$200 allowance for contacts; copay does not apply       Up to \$25       Every calendar yet         ADDITIONAL PAIRS OF EYEWEAR       \$200 frame allowance       \$225 for frame and lenses       Every calendar yet         FRAME*       \$220 Featured Frame Brands allowance       \$220 for frame allowance       \$220 frame allowance         Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       \$200 allowance for additional contacts       Up to \$25       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       \$200 allowance for additional contacts       Up to \$25       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       \$200 allowance for additional contacts       Up to \$25       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       \$200 allowance for additional contacts       Up to \$25       Every calendar yet         ADDITIONA	FRAME <sup>+</sup>	<ul><li>\$200 frame allowance</li><li>20% savings on the amount over your allowance</li></ul>	Prescription	Every calendar year
LENS ENHANCEMENTS          • Premium progressive lenses         • Custom progressive lenses         • Custom progressive lenses         • Anti-glare coating         • Impact-resistant lenses         • Anti-glare coating         • Impact-resistant lenses         • So         • Average savings of 40% on other lens enhancements         • On other lens enhancements         • On tact lens exam (fitting and evaluation)         Up to \$25         Every calendar yee         • Status         • Status	LENSES	<ul> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Prescription	Every calendar year
OF GLASSES)       • Contact lens exam (fitting and evaluation)       Op to \$25       Every calendar yee         ADDITIONAL PAIRS OF EYEWEAR       • \$220 Featured Frame Brands allowance       \$25 for frame and lenses       Every calendar yee         FRAME'       • \$220 Featured Frame Brands allowance       \$25 for frame and lenses       Every calendar yee         LENSES       • Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yee         CONTACTS (INSTEAD OF GLASSES)       • Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yee         CONTACTS (INSTEAD OF GLASSES)       • Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yee         CONTACTS (INSTEAD OF GLASSES)       • Soldowance for additional contacts       Up to \$25       Every calendar yee         CONTACTS (INSTEAD OF GLASSES)       • Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.       \$10       Every calendar yee         ADDITIONAL COVERAGE       • VSP LightCare **       • Laser VisionCare Preferred Program       \$30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% safrom a VSP provider within 12 months of your last WellVision Exam.       Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/off	LENS ENHANCEMENTS	<ul> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Anti-glare coating</li> <li>Impact-resistant lenses</li> </ul>	\$80 - \$90 \$120 - \$160 \$30	Every calendar year
*\$220 Featured Frame Brands allowance       \$25 for frame and lenses       Every calendar yet and lenses         *\$200 frame allowance       \$200 savings on the amount over your allowance       \$25 for frame and lenses       Every calendar yet and lenses         *\$110 Costco frame allowance       \$110 Costco frame allowance       \$200 billowance for additional contacts       Every calendar yet and lenses         *\$200 allowance for additional contacts       Up to \$25       Every calendar yet and lenses         CONTACTS (INSTEAD of GLASSES)       *\$200 allowance for additional contacts       Up to \$25       Every calendar yet and lenses         CONTACTS (INSTEAD of GLASSES)       *\$200 allowance for additional contacts       Up to \$25       Every calendar yet and lenses         CONTACTS (INSTEAD of GLASSES)       * Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.       \$10       Every calendar yet and lenses         ADDITIONAL COVERAGE       * VSP LightCare <sup>TM</sup> of the back of your eyes and helps your VSP and be been and be program       \$10       Every calendar yet and lenses         ADDITIONAL SAVINGS       * USP LightCare <sup>TM</sup> of the same VSP provider on the same day as your WellVision Exam. Or get 20% satings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% satings on unlimited additional pairs of your last WellVision Exam.         ADDITIONAL SAVINGS <th></th> <th></th> <th></th> <th></th>				
FRAME'       • \$200 frame allowance • 20% savings on the amount over your allowance • \$110 Costco frame allowance       \$25 for frame and lenses       Every calendar yet and lenses         LENSES       • Single vision, lined bifocal, and lined trifocal lenses       Combined with Frame       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       • \$200 allowance for additional contacts • Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yet         RETINAL SCREENING       • Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.       \$10       Every calendar yet         ADDITIONAL COVERAGE       • VSP LightCare <sup>®</sup> • Laser VisionCare Preferred Program       \$10       Every calendar yet         ADDITIONAL COVERAGE       • USP LightCare <sup>®</sup> • Laser VisionCare Preferred Program       \$10       Every calendar yet         ADDITIONAL COVERAGE       • USP LightCare <sup>®</sup> • Laser VisionCare Preferred Program       \$10       Every calendar yet         ADDITIONAL COVERAGE       • USP Discover all current eyewear offers and savings at vsp.com/offers. • 50% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam.       Or get 20% sat from a VSP provider within 12 months of your last WellVision Exam.         Exclusive Member Extras for VSP Members • Contact lens rebates, lens satifsfaction guarantees, and more offers at vsp.com/offers			Up to \$25	Every calendar year
LENSES       • Single vision, lined bifocal, and lined trifocal lenses       Frame       Every calendar yet         CONTACTS (INSTEAD OF GLASSES)       • \$200 allowance for additional contacts • Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yet         RETINAL SCREENING       • Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.       \$10       Every calendar yet         ADDITIONAL COVERAGE       • VSP LightCare <sup>®</sup> • Laser VisionCare Preferred Program       \$10       Every calendar yet         ADDITIONAL SAVINGS       • USP cover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Joiscover all current eyewear offers and savings at vsp.com/offers. • Sove up to 60% on digital hearing aids with TruHearing <sup>®</sup> . Visit vsp.com/offers/special-offers/hearing-ai	OF GLASSES)	Contact lens exam (fitting and evaluation)	Up to \$25	Every calendar year
OF GLASSES)       • Contact lens exam (fitting and evaluation)       Up to \$25       Every calendar yet         RETINAL SCREENING       • Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.       \$10       Every calendar yet         ADDITIONAL COVERAGE       • VSP LightCare 1       • Laser VisionCare Preferred Program       Every calendar yet         ADDITIONAL COVERAGE       • USP LightCare 1       • Laser VisionCare Preferred Program       Every calendar yet         ADDITIONAL SAVINGS       Glasses and Sunglasses       • Discover all current eyewear offers and savings at vsp.com/offers.       • 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% sate from a VSP provider within 12 months of your last WellVision Exam.         Exclusive Member Extras for VSP Members       • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.         • Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-aid	OF GLASSES) ADDITIONAL PAIRS OF	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	\$25 for frame	Every calendar year Every calendar year
ADDITIONAL COVERAGE       • VSP LightCare M       • Laser VisionCare Preferred Program         ADDITIONAL COVERAGE       • VSP LightCare M       • Laser VisionCare Preferred Program         Glasses and Sunglasses       • Discover all current eyewear offers and savings at vsp.com/offers.         • JO' Every Calendar year         Glasses and Sunglasses         • Discover all current eyewear offers and savings at vsp.com/offers.         • JO's savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% satisfrom a VSP provider within 12 months of your last WellVision Exam.         Exclusive Member Extras for VSP Members         • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.         • Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-ai	OF GLASSES) ADDITIONAL PAIRS OF FRAME <sup>*</sup>	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> </ul>	\$25 for frame and lenses Combined with	
COVERAGE       Program         Glasses and Sunglasses       Discover all current eyewear offers and savings at vsp.com/offers.         30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% satisfrom a VSP provider within 12 months of your last WellVision Exam.         Exclusive Member Extras for VSP Members       Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.         Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-aid	OF GLASSES) ADDITIONAL PAIRS OF FRAME <sup>+</sup> LENSES CONTACTS (INSTEAD	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> </ul>	\$25 for frame and lenses Combined with Frame	Every calendar year
<ul> <li>ADDITIONAL SAVINGS</li> <li>Discover all current eyewear offers and savings at vsp.com/offers.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, include lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% satisfies on a VSP provider within 12 months of your last WellVision Exam.</li> <li>Exclusive Member Extras for VSP Members</li> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.</li> <li>Save up to 60% on digital hearing aids with TruHearing*. Visit vsp.com/offers/special-offers/hearing-aid</li> </ul>	OF GLASSES) ADDITIONAL PAIRS OF FRAME <sup>*</sup> LENSES CONTACTS (INSTEAD OF GLASSES)	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>\$200 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Takes a picture of the back of your eyes and helps your VSP</li> </ul>	\$25 for frame and lenses Combined with Frame Up to \$25	Every calendar year Every calendar year
	OF GLASSES) ADDITIONAL PAIRS OF FRAME <sup>*</sup> LENSES CONTACTS (INSTEAD OF GLASSES) RETINAL SCREENING ADDITIONAL	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> <li>\$110 Costco frame allowance</li> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>\$200 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> <li>VSP LightCare<sup>®</sup> Laser VisionCare Preferrer</li> </ul>	\$25 for frame and lenses Combined with Frame Up to \$25 \$10	Every calendar year Every calendar year Every calendar year
Enjoy everyday savings on health, wellness, and more with VSP Simple Values.	OF GLASSES) ADDITIONAL PAIRS OF FRAME <sup>*</sup> LENSES CONTACTS (INSTEAD OF GLASSES) RETINAL SCREENING ADDITIONAL COVERAGE	<ul> <li>Contact lens exam (fitting and evaluation)</li> <li>EYEWEAR</li> <li>\$220 Featured Frame Brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco frame allowance</li> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>\$200 allowance for additional contacts</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> <li>VSP LightCare<sup>™</sup>M</li> <li>Laser VisionCare Preferre Program</li> <li>Glasses and Sunglasses</li> <li>Discover all current eyewear offers and savings at vsp.com/offer</li> <li>30% savings on unlimited additional pairs of prescription or not lens enhancements, from the same VSP provider on the same day from a VSP provider within 12 months of your last WellVision Exclusive Member Extras for VSP Members</li> <li>Contact lens rebates, lens satisfaction guarantees, and more of</li> </ul>	\$25 for frame and lenses Combined with Frame Up to \$25 \$10 d ers. h-prescription glasse y as your WellVision kam.	Every calendar ye Every calendar ye Every calendar ye Every calendar ye Every calendar ye es/sunglasses, includ Exam. Or get 20% sav

online in-network choices. Log in to **vsp.com** to find an in-network provider.

<sup>t</sup>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. 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.

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