

Make Eye Health a Priority with VSP!

Your health comes first with VSP and IVY TECH COMMUNITY COLLEGE. Take a look at your VSP vision care coverage.



	WITHOUT VSP	WITH VSP	
Eye Exam	\$210	\$15	
Frame	\$150	\$20	
Bifocal Lenses	\$174		
Custom Progressive Lenses	\$266	\$150	
Scratch-resistant Coating	\$50	\$0	
Member-only Annual Contribution	N/A	\$75	
Total	\$850	\$260	

VSP members save an annual average of

\$590

Enroll through your employer today. Questions?

ivytechcommunitycollege.vspforme.com 800.877.7195 (TTY: 711)



Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge $^{\text{\tiny M}}$ location.



Get more at preferred in-network doctor locations

private practice doctors

Visionworks

EYEMART EXPRESS FAMILY OF STORES

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. *Full Picture of Eye Health, American Optometric Association, 2020. + 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. VSP 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. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through IVY TECH COMMUNITY COLLEGE.

Provider Network: VSP Choice Effective Date: 01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
YOUR COVERAGE WITH A VSP DOCTOR				
WELLVISION EXAM	Focuses on your eyes and overall wellnessRoutine retinal screening	\$15 Up to \$39	Every calendar year	
ESSENTIAL MEDICAL EYE CARE	 Retinal imaging for members with diabetes covered-in-full 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. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed	
PRESCRIPTION GLASSE	ES CONTRACTOR OF THE CONTRACTO	\$20	See frame and lenses	
FRAME*	 \$200 Featured Frame Brands allowance \$200 Visionworks or Eyemart Express frame allowance on any frame \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every other calendar year	
LENSES	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year	
LENS ENHANCEMENTS	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Scratch-resistant coating Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175 \$0	Every calendar year	
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year	
Glasses and Sunglasses • Discover all current eyewear offers and savings at vsp.com/offers. • 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. Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities. 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-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.				

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic*. Log in to **vsp.com** to find an in-network doctor.