

# Protect your vision with VSP.®



Consumers' #1 choice in vision care, Individual Vision Plans from VSP cover eyewear, contacts, and eye exams at the lowest out-of-pocket cost through the nation's largest doctor network.

## You'll like what you see with VSP.



### Best value.

You'll enjoy the lowest out-of-pocket costs in individual vision care, saving you hundreds of dollars on your eye exam and glasses.



### Best care.

VSP doctors offer a WellVision Exam®—the most comprehensive eye exam that aids in early detection of health conditions. You'll get personalized care from VSP doctors who have the highest industry credentials.



### Best choices.

When you see a VSP doctor, you'll get the most out of your benefit. Choose from the nation's largest network of independent doctors who carry a wide selection of name-brand frames for your style and budget.

## Using your VSP benefit is easy.

**Register at [vsp.com](http://vsp.com).** Once your annual plan is effective, review your benefit information.

**Find a VSP doctor who's right for you.** To find a VSP doctor, visit [vsp.com](http://vsp.com). Choose a Premier Program location to get the most out of your eye care experience.

**At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

## Exclusive Member Extras

Get an **Extra \$20** to spend when you choose a featured frame brand like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West and more!² Visit [vsp.com](http://vsp.com) to find a VSP doctor who carries these brands and to see all of your Exclusive Member Extras.

We guarantee your satisfaction. If you're not **100% happy** with the eye care and eyewear you receive from a VSP doctor, we'll make it right.

SEE WHY WE'RE  
CONSUMERS'  
**#1 CHOICE**  
IN VISION CARE.¹

# VSP Vision Benefits Summary



VSP Individual Plan: EasyOptions Plan

VSP Doctor Network: VSP Choice (36,000 doctors nationwide)

Benefit <sup>3</sup>	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>A comprehensive eye exam focuses on your eyes and overall wellness</li> </ul>	\$15	Every 12 Months
<b>Prescription Glasses</b>		\$25	
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames <b>OR</b></li> <li>\$170 allowance on a featured frame brand</li> <li>20% savings on the amount over your allowance</li> </ul>	Included with Prescription Glasses	Every 12 Months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant (polycarbonate) lenses for children</li> </ul>	Included with Prescription Glasses	Every 12 Months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Progressive lenses (no-line bi/trifocals, ranging from standard to custom)</li> <li>Light-to-dark lens tinting (photochromic adaptive lenses)</li> <li>Average 20-25% savings on other lens enhancements</li> </ul>	\$55 - \$175 \$70 - \$82	Every 12 Months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam</li> </ul>	\$0	Every 12 Months
<b>EasyOptions Upgrades</b> Members can choose from one of the following upgrades as part of their plan coverage.	<ul style="list-style-type: none"> <li>Fully covered no-line bifocals (progressive lenses)</li> <li>Fully covered light-to-dark lens tinting (photochromic adaptive lenses)</li> <li>Increased frame allowance to \$230</li> <li>Increased contact lens allowance to \$230</li> </ul>		
<b>Extra Savings</b> Visit <a href="http://vsp.com">vsp.com</a> to view over \$2,500 in savings available only to VSP members.	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li><b>Extra \$20</b> to spend on a featured frame brand, which is on top of your frame allowance. Simply choose a featured frame brand from your VSP doctor and the <b>Extra \$20</b> will be automatically applied to your purchase.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price savings on the promotional price from contracted facilities.</li> </ul> <p><b>TruHearing® Hearing Program</b></p> <ul style="list-style-type: none"> <li>Up to \$2,400 on hearing aids for you and your family. Visit <a href="http://vsp.truhearing.com">vsp.truhearing.com</a> or call <b>877.396.7194</b> (not available in the state of WA)</li> </ul> <p><b>Contact Lens Rebate</b></p> <ul style="list-style-type: none"> <li>Receive up to \$140 in savings on Bausch + Lomb contact lenses.</li> </ul>		

## Your Coverage with Out-of-Network Providers

You can choose the doctor who's right for you. If you see an out-of-network provider, your benefit will differ and you'll be required to submit a claim for reimbursement. Once your benefit is effective, login to [vsp.com](http://vsp.com) for details.

Exam.....up to \$45    Single Lenses.....up to \$30    Trifocal Lenses.....up to \$65    Contacts.....up to \$105  
 Frame.....up to \$70    Bifocal Lenses.....up to \$50    Progressive Lenses.....up to \$50

Note: Submit your itemized claim to VSP, Attention: Claim Services, P.O. Box 385018, Birmingham, AL 35238-5018.

### Renewing your Annual Plan

Your plan will automatically renew at the end of your annual policy period and your payment information you provided will be automatically charged for the appropriate amount. We'll remind you 60 days in advance of your renewal. Any changes to your plan must be made prior to your renewal date.

### Automatic Payment

VSP will automatically charge the form of payment you provided, on or around the 15th of the month. If you selected the monthly payment option for your annual contract term, you're obligated to pay the required annual premium in twelve (12) monthly installments, regardless of when the benefits are used.

Based on applicable laws, benefits may vary by location.

1. Consumers' #1 Choice in Vision Care - Blueocean Market Intelligence National Vision Plan Member Research, 2014. 2. Brands/Promotion subject to change. 3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.

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