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.



Rest 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. 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**. 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** 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.

VSP Vision Benefits Summary



VSP Individual Plan: Premium Plan

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

Benefit ³	Description	Copay	Frequency			
Your Coverage with a VSP Provider						
WellVision Exam	 A comprehensive eye exam focuses on your eyes and overall wellness 	\$10	Every 12 Months			
Prescription Glasses		\$20				

Prescription Glasses		\$20		
Frame	 \$200 allowance for a wide selection of frames OR \$220 allowance on a featured frame brand 20% savings on the amount over your allowance 	Included with Prescription Glasses	Every 12 Months	
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Impact-resistant (polycarbonate) lenses for children 	Included with Prescription Glasses	Every 12 Months	
Lens Enhancements	Progressive lenses (no-line bi/trifocals, ranging from standard to custom)	\$55 Allowance	Every 12 Months	
	 Light-to-dark lens tinting (photochromic adaptive lenses) Average 20-25% savings on other lens enhancements 	\$70 - \$82		
Contacts (instead of glasses)	 \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam 	\$ O	Every 12 Months	

Extra Savings

Visit **vsp.com** to view over \$2,500 in savings available only to VSP members.

Glasses and Sunglasses

- Extra \$20 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 Extra \$20 will be automatically applied to your purchase.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam

Retinal Screening

· No more than \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam.

Laser Vision Correction

• Average 15% off the regular price savings on the promotional price from contracted facilities.

TruHearing® Hearing Program

 Up to \$2,400 on hearing aids for you and your family. Visit vsp.truhearing.com or call 877.396.7194 (not available in the state of WA)

Contact Lens Rebate

· Receive up to \$140 in savings on Bausch + Lomb contact lenses.

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** for details.

Examup to \$45	Single Lensesup to \$30	Trifocal Lensesup to \$65	Contactsup to \$105
Frameup to \$70	Bifocal Lensesup to \$50	Progressive Lensesup 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.