



## LIFE IS BETTER WITH A VSP INDIVIDUAL PLAN

### YOU AND YOUR EYES DESERVE TO BE HEALTHY AND HAPPY. WE CAN HELP!



#### QUALITY CARE YOU DESERVE.

You deserve a WellVision Exam<sup>®</sup>—a comprehensive eye exam that can help detect early signs of health conditions, like diabetes. And with about five VSP<sup>®</sup> network doctors within six miles of you, it's easy to find an in-network doctor.



#### STYLES YOU'LL LOVE.

Find hundreds of frame options to choose from and get an extra \$20 to spend on featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon<sup>®</sup>, Lacoste, Nike, Nine West, and more. Plus, save up to 30% on lens enhancements!<sup>1</sup>



#### SAVINGS YOU EXPECT.

You'll get low out-of-pocket costs on your vision care essentials, including access to member-exclusive offers and savings. Typical annual savings are over \$200.<sup>2</sup>

### USING YOUR VSP BENEFIT IS EASY.

- Create an account at **vsp.com** to see your plan information.
- To find an in-network doctor based on your plan-type, visit **vsp.com** or call **800.877.7195**. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations- including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.
- At your appointment, tell them you have VSP.

VSP and your doctor will handle the rest—there are no claim forms to complete.



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**Enroll Today!**

## YOUR VSP VISION BENEFITS SUMMARY

VSP INDIVIDUAL PLAN: Standard Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP NETWORK PROVIDER <sup>2</sup>			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"><li>\$150 allowance for a wide selection of frames</li><li>\$170 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses (standard, premium, or custom)</li><li>Anti-glare</li><li>Light-reactive lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>Tinted lenses</li><li>UV protection</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 - \$175 \$41 - \$85 \$75 \$31 - \$35 \$17 - \$33 \$15 - \$17 \$16	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<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 (fitting and evaluation)</li></ul>	\$0	Every 12 months
EXTRA SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. If you visit an out-of-network provider, you will have higher out of pocket expenses.			
Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50
		Contacts .....	up to \$105
Note: If you choose to see an out-of-network provider, you will receive less coverage. Payment is expected at the time of your visit. Following your appointment, submit your itemized claim to Vision Service Plan, Attention: Claim Services, PO Box 385018, Birmingham, AL 35238-5018. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.			

Based on applicable laws, benefits may vary by location. Discounts on products and additional savings are not available in the states of Washington and Vermont.

1. Available only to VSP members with applicable plan benefits. Offers are only available through VSP Network Doctors and In-network locations.

2. 2017 National Vision Plan Member Research

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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## YOUR VSP VISION BENEFITS SUMMARY

VSP INDIVIDUAL PLAN: Base Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP NETWORK PROVIDER <sup>3</sup>			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"><li>\$150 allowance for a wide selection of frames</li><li>\$170 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses (standard, premium, or custom)</li><li>Anti-glare</li><li>Light-reactive lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>Tinted lenses</li><li>UV protection</li><li>Average savings of 30% on other lens enhancements</li></ul>	<div>\$0 - \$175</div> <div>\$41 - \$85</div> <div>\$75</div> <div>\$31 - \$35</div> <div>\$17 - \$33</div> <div>\$15 - \$17</div> <div>\$16</div>	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
EXTRA SAVINGS	<div><b>Glasses and Sunglasses</b><ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul></div> <div><b>Routine Retinal Screening</b><ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul></div> <div><b>Laser Vision Correction</b><ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul></div>		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
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Frame .....	up to \$70	Progressive Lenses .....	up to \$50
Single Vision Lenses .....	up to \$30	Lined Trifocal Lenses .....	up to \$65
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2. 2017 National Vision Plan Member Research

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## YOUR VSP VISION BENEFITS SUMMARY

VSP INDIVIDUAL PLAN: EasyOptions Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP NETWORK PROVIDER <sup>3</sup>			
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"><li>\$150 allowance for a wide selection of frames</li><li>\$170 allowance for featured frame brands</li><li>20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses (standard, premium, or custom)</li><li>Anti-glare</li><li>Light-reactive lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>Tinted lenses</li><li>UV protection</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 - \$175 \$41 - \$85 \$75 \$31 - \$35 \$17 - \$33 \$15 - \$17 \$16	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<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
VSP EASYOPTIONS (MEMBERS CAN CHOOSE ONE OF THESE UPGRADES)	<ul style="list-style-type: none"><li>An additional \$80 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or an additional \$80 contact lens allowance.</li></ul>	Included in Prescription Glasses	Every 12 months
EXTRA SAVINGS	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"><li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul>		
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