



Base Plan

WellVision Exam®

FREQUENCY	One eye exam every 12 months
COPAY	\$15
COVERAGE	A comprehensive eye exam is covered. ¹



Frames & Prescription Lenses

FREQUENCY	New frames and lenses every 12 months	
COPAY	\$25 for lenses and/or frame	
FRAME COVERAGE	\$150 allowance (\$120 in FL), plus 20% savings on any amount over allowance. ² Get an extra \$20 to spend, on top of your frame allowance, when you purchase a featured frame brand. ³ 20% savings on additional glasses and sunglasses from any VSP doctor within 12 months of the eye exam. ²	
LENS COVERAGE	Single vision, lined bifocal, and lined trifocal lenses are covered.	
ADDITIONAL LENS ENHANCEMENTS	Based on the lens type you select (single vision/lined multifocal), you'll pay no more than the following copays, representing a 20-25% savings on lens enhancements:	
	Lens Enhancements	Copays
	Standard no-line bifocal lenses (standard progressives)	\$55
	Premium no-line bifocal lenses (premium progressives)	\$95 - \$105
	Custom no-line bifocal lenses (custom progressives)	\$150 - \$175
	Anti-glare (anti-reflective coating)	\$41 - \$85
	Light-to-dark lens tinting (photochromic adaptive lenses)	\$70 - \$82
	Impact-resistant (polycarbonate) lenses	\$31 - \$35
	Scratch-resistant coating	\$17 - \$33
	Tinted (colored) lenses	\$15 - \$17
	UV protection	\$16

Look into VSP.
Simple to enroll, easy to use. Talk to your broker today about affordable individual vision insurance.

This plan may not be available in all states.

Contact Lens Exam

FREQUENCY	One contact lens exam every 12 months
COPAY	\$0
COVERAGE ⁴	A complete fitting and evaluation is covered.

Contacts (instead of glasses)

FREQUENCY	Contacts every 12 months
COPAY	\$0
COVERAGE	\$150 allowance toward the purchase of contacts (\$120 in FL). The contact lens exam (fitting and evaluation) is covered with no copay. Note: FL, NY, and OR do not include a covered contact lens exam.

Exclusive Member Extras

We put our members first by providing exclusive special offers and rebates from VSP and leading industry brands, totaling more than \$2,500 in savings.



LASER VISION CORRECTION	Up to \$500 savings on LASIK
HEARING AIDS ⁵	Savings of up to \$2,400 on a pair of digital hearing aids and savings on batteries for you and your extended family members through TruHearing
CONTACT LENSES	Mail-in rebate savings and free trials on Bausch + Lomb contacts

VSP Doctor Network

Choice Network

VSP is accepted by more than 30,000 doctors nationwide.

This plan has exclusions and limitations. For complete details of the coverage please contact your broker.



1. This is a vision insurance policy. This plan may not be available in all states. 2. Based on applicable laws, benefits may vary by location. 3. Before purchase ask your VSP doctor about qualifying frame brands. Brands/promotion subject to change. 4. FL, NY, and OR do not include a covered contact lens exam 5. Not available in the state of WA. Please visit TruHearing.com.

Look into VSP:

VSP Individual EasyOptions Plan

WellVision Exam®

COPAY	\$15
COVERAGE	A comprehensive eye exam is covered every 12 months. ¹



EasyOptions Upgrade

COVERAGE	In addition to the coverage for the lenses and frames, tell your doctor what upgrade option you'd like from the following choices:					
	No-line bifocal lenses (progressive)	or	Light-to-dark lens tinting (photochromic adaptive lenses)	or	Increased frame allowance to \$230	or

Frames & Prescription Lenses

COPAY	\$25 for lenses and/or frame	
FRAME COVERAGE	\$150 allowance every 12 months, plus 20% savings on any amount over allowance. ² Get an extra \$20 to spend, on top of your frame allowance, when you purchase a featured frame brand. ³ 20% savings on additional glasses and sunglasses from any VSP® doctor within 12 months of your last WellVision Exam. ²	
LENS COVERAGE	Single vision, lined bifocal, and lined trifocal lenses are covered every 12 months.	
ADDITIONAL LENS ENHANCEMENTS	Based on the upgrade you choose and the lens type (single vision/ lined multifocal), you'll pay no more than the following copays, representing a 20-25% savings on lens enhancements:	
	No-line bifocal (progressive lenses) ⁴	\$55 - \$175
	Light-to-dark lens tinting (photochromic adaptive lenses) ⁴	\$70 - \$82
	Anti-glare (anti-reflective coating)	\$41 - \$85
	Impact-resistant (polycarbonate) lenses	\$31 - \$35
	Scratch-resistant coating	\$17 - \$33
	Tinted (colored) lenses	\$15 - \$17
	UV protection	\$16

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Simple to enroll,
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Talk to your broker
today about affordable
individual vision
insurance.

This plan is not available in Florida.

Contacts (instead of glasses)

COPAY	\$0
COVERAGE	\$230 allowance toward the purchase of contacts and the contact lens exam (fitting and evaluation). 15% savings on your contact lens exam. ² During your contact lens exam, your VSP doctor ensures your contacts fit properly and checks your vision. This exam is in addition to your WellVision Exam.

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