Life is Better with a VSP Individual Vision Plan





You and your eyes deserve to be healthy and happy. VSP can help!

Quality care you deserve.

VSP® Individual Vision Plans offer affordable, full-service coverage you can purchase on your own. Get customized coverage for new glasses, including a generous frame allowance, and savings on lens enhancements, like progressives.

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Styles you'll love.

VSP members get an extra \$20 to spend on Featured Frame Brands that fit you and your lifestyle.¹ Plus, access to savings up to 30% on lens enhancements, like anti-glare coating, light-reactive lenses, and progressive lenses.²

➡ Savings you expect.

Count on reliable, year-round savings for your vision. As a VSP member, you can save on eyewear and eye care and get member exclusive offers and savings. Typical annual savings are more than \$300.3

Using your VSP benefit is easy.

- Find an in-network doctor based on your plan type, visit **vsp.com** or call **800.877.7195**.
- With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.

Enjoy hassle-free eye care with no claim forms to complete. At your appointment, tell your doctor you have VSP, and we'll handle the rest.

Enroll Today!

Your VSP Vision Benefits Summary VSP INDIVIDUAL VISION PLAN: EasyOptions Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
	YOUR COVERAGE WITH A VSP PROVIDER⁴		
WELLVISION EXAM®	Focuses on your eyes and overall wellnessRoutine retinal screening	\$15 Up to \$39	Every 12 months
RESCRIPTION GLASSE	S	\$25	See frame and lens
FRAME⁵	 \$170 Featured Frame Brands allowance \$150 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 months
ENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
ENS ENHANCEMENTS	 Progressive lenses (standard, premium, or custom) Anti-glare coating Tints/Light-reactive lenses Tinted (colored) lenses Impact-resistant lenses Scratch-resistant coating UV protection Blue light filter Average savings of 30% on other lens enhancements 	\$0 - \$175 \$41 - \$85 \$75 \$15 - \$17 \$35 \$17 - \$33 \$16 \$15	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	 \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$O	Every 12 months
/SP EASYOPTIONS⁵ MEMBERS CAN CHOOSE ONE OF 'HESE UPGRADES)	• 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.	Included in Prescription Glasses	Every 12 months
ADDITIONAL SAVINGS	 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. 		
COVERAGE WITH AN O	UT-OF-NETWORK PROVIDER		
	k choices, VSP makes it easy to maximize your benefits. Choose from o	ur large doctor netv	vork including privat

provides the following out-of-network reimbursements: Exam.....up to \$45 Lined Bifocal Lenses.....up to \$50 Progressive Lenses.....up to \$50 Lined Trifocal Lenses.....up to \$65 Frame.....up to \$70 Contacts.....up to \$105 Single Vision Lenses.....up to \$30

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 495918, Cincinnati, OH 45249-5918. 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. Benefits associated with Premier Edge are not available for members in the State of Texas. Log in to learn more.

1. Available only to VSP members with applicable plan benefits. Offers are only available through VSP network doctors and in-network locations. Frame brands are subject to change 2

- Available only to operating with applicable plan band purchase selection; average saile only available through vor hetwork doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. Savings based on state and national averages for eye exams and most commonly purchased brands. This number represents average savings for a VSP member at an in-network provider. Your actual savings will vary depending on the eyewear you choose, your plan, and the eye doctor you visit. 3.

Coverage terms and conditions vary according to the policy of the policy is issued.
 Coverage terms and conditions vary according to the laws of the state in which the policy is issued.
 Coverage with a retail chain may be different or not apply.

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.

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