A Look at Your VSP Vision Coverage

See healthy and live happy with your VSP Individual Vision Plan.

As a VSP® Individual Vision Plans member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

Create an account.

Log in to **vsp.com** using your Member ID number found on your ID card to see coverage details, print your member reference card, update your payment options, and learn how to maximize your savings.

Provider choices you want.

It's easy to find a nearby in-network doctor. 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. Log in to **vsp.com** to confirm in-network locations based on your plan type.



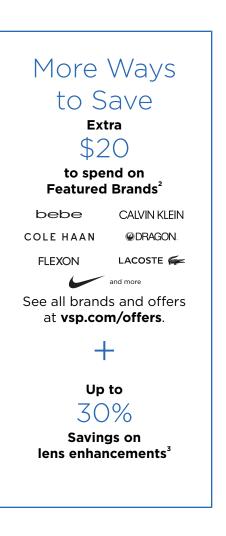
Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam[®]—a comprehensive exam designed to detect eye and health conditions.

Exclusive Member Extras

from VSP and industry-leading brands—totaling more than \$3,000 in savings—that you can't find anywhere else.

- Up to 60% savings on digital hearing aids and receive discounts on batteries.¹
- Savings on lenses, contacts, LASIK, and more.
- Visit vsp.com/offers to view all offers.



Create your online account today! Questions? Visit vsp.com or call 800.785.0699.

VSP individual vision plans

Your VSP Vision Benefits Summary VSP INDIVIDUAL PLAN: Covered California \$175 Plan



FRAME ⁵ • \$175 frame allowance • 20% savings on the amount over your allowance • \$95 Walmart*/Sam's Club*/Costco* frame allowance Provide the second strength over your allowance LENSES • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children In	\$15 \$25 Ancluded in Glasses Ancluded in rescription	Every 12 months See frame and lenses Every 12 months		
PRESCRIPTION GLASSES FRAME ^s • \$195 featured frame brands allowance • \$175 frame allowance • 20% savings on the amount over your allowance • \$95 Walmart*/Sam's Club*/Costco* frame allowance LENSES • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	\$25 Included in rescription Glasses Included in	See frame and lenses		
FRAME ⁵ • \$195 featured frame brands allowance Ir • \$175 frame allowance • \$175 frame allowance Pr • 20% savings on the amount over your allowance • \$95 Walmart®/Sam's Club®/Costco® frame allowance Pr LENSES • Single vision, lined bifocal, and lined trifocal lenses Ir • Impact-resistant lenses for dependent children Pr	ncluded in rescription Glasses ncluded in			
FRAME ⁵ • \$175 frame allowance Pr • 20% savings on the amount over your allowance • \$95 Walmart*/Sam's Club*/Costco* frame allowance Pr LENSES • Single vision, lined bifocal, and lined trifocal lenses Ir • Impact-resistant lenses for dependent children Pr	rescription Glasses Included in	Every 12 months		
LENSES • Impact-resistant lenses for dependent children Pr				
	Glasses	Every 12 months		
	\$0 - \$175 \$41 - \$85 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Every 12 months		
 CONTACTS (INSTEAD OF GLASSES) \$175 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$O	Every 12 months		
EXTRA SAVINGS Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities				

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.

Examup to \$45	Lined Bifocal Lensesup to \$50	Contactsup to \$105
Frameup to \$70	Lined Trifocal Lensesup to \$65	Tintsup to \$5
Single Vision Lensesup to \$30	Progressive Lensesup to \$50	

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.

Renewing your Annual Plan

Your plan will automatically renew at the end of your annual policy period and the payment information you provided us 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 by phone within 30 days of your renewal date. For questions, visit vsp.com or call us at 800.785.0699.

Automatic Payment

VSP will automatically charge the form of payment you provided at enrollment. If you selected the monthly payment option for your annual contract term, you're obligated to pay the annual premium in twelve (12) monthly installments, regardless of when the benefits are used. To update your payment information, login to vsp.com or call us at 800.785.0699.

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. VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing aids at discounts to certain healthcare groups for hearing aid sales and services. TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services. Jut will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California. 2. Available only to VSP members with applicable. Offers are only available through VSP network locations. TruHearing Formations are subject to change

 Available only to VSP members with applicable plan benefits. Offers are only available through VSP network doctors and in-network locations. Frame brands and promotions are subject to change.
 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.
 Coverage terms and conditions are set forth in the policy under which individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy is issued. 5. Coverage with a retail chain may be different or not apply.

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