

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.



Preferred private practice and retail in-network choices



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.

More Ways to Save

**Extra
\$20
to spend on
Featured Brands²**

bebe Calvin Klein
COLE HAAN DRAGON.
FLEXON LONGCHAMP
PARIS
and more

See all brands and offers
at vsp.com/offers.



**Up to
30%
Savings on
lens enhancements³**

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

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider⁴			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME⁵	<ul style="list-style-type: none"> \$140 featured frame brands allowance \$120 frame allowance 20% savings on the amount over your allowance \$65 Walmart[®]/Sam's Club[®]/Costco[®] frame allowance 	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses (standard, premium, or custom) Anti-glare Light-reactive lenses Impact-resistant lenses Scratch-resistant coating Tinted lenses UV protection Average savings of 30% on other lens enhancements 	\$0 - \$175 \$41 - \$85 \$33 - \$75 \$35 \$17 - \$33 \$15 - \$17 \$16	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$120 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

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	Progressive Lenses up to \$50
Frame up to \$70	Lined Trifocal Lenses up to \$65	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 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 provides 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, but 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 plan benefits. Offers are only available through VSP network doctors and in-network locations. Frame brands and promotions are subject to change.

3. 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.

4. 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.

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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