

# Your Vision Benefits Summary



Welcome to VSP<sup>®</sup> Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust. To find a VSP doctor near you, visit [vsp.com](http://vsp.com).

**Choice of providers.** You can choose any eyecare provider your local VSP provider, a retail chain affiliate, or any other provider.

## Choose the plan that's right for you.

### Plan B (with a VSP doctor)

Doctor Network ..... VSP Signature

**WellVision Exam<sup>®</sup>** focuses on your eye health and overall wellness  
\$20.00 copay ..... every plan year<sup>1</sup>

#### Prescription Glasses

\$20.00 copay  
Lenses ..... every plan year<sup>1</sup>

- Single vision, lined bifocal, lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame ..... every other plan year<sup>1</sup>

- \$130.00 allowance for a wide selection of frames
- 20% off the amount over your allowance

–OR–

#### Contact Lens Care

No copay ..... every plan year<sup>1</sup>

- \$130.00 allowance for contacts and the contact lens exam (fitting and evaluation)

#### Your Monthly Contribution

Employee only.....	\$8.84
Employee + spouse .....	\$14.15
Employee + child(ren) .....	\$14.45
Employee + family.....	\$23.29

### Plan C (with a VSP doctor)

Doctor Network.....VSP Signature

**WellVision Exam<sup>®</sup>** focuses on your eye health and overall wellness  
\$20.00 copay ..... every plan year<sup>1</sup>

#### Prescription Glasses

\$20.00 copay  
Lenses..... every plan year<sup>1</sup>

- Single vision, lined bifocal, lined trifocal lenses
- **Polycarbonate, progressive lenses and anti-reflective coating**

Frame ..... every plan year<sup>1</sup>

- **\$150.00** allowance for a wide selection of frames
- 20% off the amount over your allowance

–OR–

#### Contact Lens Care

No copay ..... every plan year<sup>1</sup>

- **\$150.00** allowance for contacts and the contact lens exam (fitting and evaluation)

#### Your Monthly Contribution

Employee only.....	\$14.42
Employee + spouse .....	\$23.09
Employee + child(ren).....	\$23.57
Employee + family .....	\$37.99

### Extra Savings and Discounts (applies to both plans)

#### Glasses and Sunglasses

- Average 35-40% savings on non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam; or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

#### Contacts

- 15% off the contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

#### Your Benefits from Other Providers

- Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP doctor.

<sup>1</sup> Plan Year begins in January

**Enroll in VSP. You'll be glad you did. Once enrolled, simply tell your eyecare provider that you have VSP. No ID card is necessary.**

Contact us. [vsp.com](http://vsp.com) | 800.877.7195