

# Life is Better with a VSP Individual Vision Plan



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

**vsp** individual vision plans



## 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.



## Styles you'll love.

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



## 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.<sup>3</sup>

## 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!**

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER <sup>4</sup>			
WELLVISION EXAM <sup>®</sup>	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul>	\$15 Up to \$39	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME <sup>5</sup>	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Progressive lenses (standard, premium, or custom)</li><li>Anti-glare coating</li><li>Tints/Light-reactive lenses</li><li>Tinted (colored) lenses</li><li>Impact-resistant lenses</li><li>Scratch-resistant coating</li><li>UV protection</li><li>Blue light filter</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 – \$175 \$41 – \$85 \$75 \$15 – \$17 \$35 \$17 – \$33 \$16 \$15	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts and contact lens exam (fitting and evaluation)</li><li>15% savings on a contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>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.</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li></ul>		
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>Save up to 60% on digital hearing aids with TruHearing<sup>®</sup>. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li></ul>		

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic<sup>®</sup>. Log in to [vsp.com](https://vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

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 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. 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.

3. 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.

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](https://vsp.com).

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Your VSP Vision Benefits Summary

VSP INDIVIDUAL VISION PLAN: Base Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER <sup>4</sup>			
WELLVISION EXAM®	<ul style="list-style-type: none"><li>• Focuses on your eyes and overall wellness</li><li>• Routine retinal screening</li></ul>	\$15 Up to \$39	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME <sup>5</sup>	<ul style="list-style-type: none"><li>• \$170 Featured Frame Brands allowance</li><li>• \$150 frame allowance</li><li>• 20% savings on the amount over your allowance</li></ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none"><li>• Single vision, lined bifocal, and lined trifocal lenses</li><li>• Impact-resistant lenses for dependent children</li></ul>	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>• Progressive lenses (standard, premium, or custom)</li><li>• Anti-glare coating</li><li>• Tints/Light-reactive lenses</li><li>• Tinted (colored) lenses</li><li>• Impact-resistant lenses</li><li>• Scratch-resistant coating</li><li>• UV protection</li><li>• Blue light filter</li><li>• Average savings of 30% on other lens enhancements</li></ul>	\$0 – \$175	Every 12 months
		\$41 – \$85	
		\$75	
		\$15 – \$17	
		\$35	
		\$17 – \$33	
		\$16	
		\$15	
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>• \$150 allowance for contacts; copay does not apply</li><li>• Contact lens exam (fitting and evaluation)</li></ul>	\$0	Every 12 months
ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>• Discover all current eyewear offers and savings at <a href="#">vsp.com/offers</a>.</li><li>• 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.</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>• Average of 15% off the regular price; discounts available at contracted facilities.</li></ul>		
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"><li>• Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="#">vsp.com/offers</a>.</li><li>• Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="#">vsp.com/offers/special-offers/hearing-aids</a> for details.</li></ul>		

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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				

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VSP EASYOPTIONS <sup>5</sup> (MEMBERS CAN CHOOSE ONE OF THESE UPGRADES)	<ul style="list-style-type: none"><li>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.</li></ul>	Included in Prescription Glasses	Every 12 months
ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>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.</li></ul>		
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