

Life is better in focus.™



At VSP®, we invest in the things you value most—the best care at the lowest out-of-pocket costs with the widest selection of glasses. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.



Best value.

You'll enjoy low out-of-pocket costs, saving you hundreds of dollars on your eye exam and glasses.



Best care.

Your VSP network doctor will help keep you and your eyes healthy with a WellVision Exam®—a comprehensive eye exam that aids in early detection of health conditions.



Best choices.

When you see a VSP network doctor, you'll get the most out of your benefit. Choose from the nation's largest network of independent doctors who carry a wide selection of name-brand frames for your style and budget.

Using your VSP benefit is easy.

Create an account at vsp.com. Once your annual plan is effective, review your benefit information.

Find a VSP network doctor who's right for you. To find a doctor, visit vsp.com. Choose a Premier Program location to get the most out of your eye care benefits.

At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete.



Enjoy Exclusive Member Extras from VSP and industry leading brands—totaling more than \$2,500 in savings—that you can't find anywhere else.

- TruHearing®—Up to 60% savings on digital hearing aids and receive discounts on batteries.²
- Savings on lenses, contacts, LASIK, and more.
- Visit vsp.com/offers to view all offers.

SEE WHY WE'RE
CONSUMERS'
#1 CHOICE
IN VISION CARE.¹

We guarantee your satisfaction. If you're not 100% happy with the eye care and eyewear you receive from a VSP network doctor, we'll make it right.

Your VSP Vision Benefits Summary



VSP Individual Plan: Base Plan

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor³			
WellVision Exam [®]	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Prescription Glasses		\$25	See Frame and Lenses
Frame	• \$150 allowance for a wide selection of frames OR • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance	Included with Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant (polycarbonate) lenses for children	Included with Prescription Glasses	Every 12 months
Lens Enhancements	• Progressive lenses (standard, premium or custom) • Anti-glare • Light-to-dark tinting (photochromic adaptive lenses) • Impact-resistant (polycarbonate) lenses • Scratch-resistant coating • Tinted (colored) lenses • UV protection • Average 20-25% savings on other lens enhancements	\$0 – \$175 \$41 – \$85 \$70 – \$82 \$31 – \$35 \$17 – \$33 \$15 – \$17 \$16	Every 12 months
Contacts (instead of glasses)	• \$150 allowance for contacts, copay does not apply • Contact lens exam (fitting and evaluation)	\$0	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on a featured frame brand, which is on top of your frame allowance.⁴ Simply choose a featured frame brand from your VSP network doctor and the extra \$20 will be automatically applied to your purchase. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP network doctor within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam. <p>Laser Vision Correction</p> <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 with Out-of-Network Providers			
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
Frame.....	up to \$70	Lined Trifocal Lenses.....	up to \$65
Single Vision Lense.....	up to \$30	Progressive Lenses.....	up to \$50
		Contacts.....	up to \$105
<p>Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.7195 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. 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.</p>			

Based on applicable laws, benefits may vary by location.

1. 2017 National Vision Plan Member Research

2. 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 health care 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 health care providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.

4. Brands/Promotions subject to change.

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Your VSP Vision Benefits Summary



VSP Individual Plan: Standard 150 Plan

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor³			
WellVision Exam [®]	• Focuses on your eyes and overall wellness	\$15	Every 12 months
Prescription Glasses		\$25	See Frame and Lenses
Frame	• \$150 allowance for a wide selection of frames OR • \$170 allowance on a featured frame brand • 20% savings on the amount over your allowance	Included with Prescription Glasses	Every 12 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant (polycarbonate) lenses for children	Included with Prescription Glasses	Every 12 months
Lens Enhancements	• Progressive lenses (standard, premium or custom) • Anti-glare • Light-to-dark tinting (photochromic adaptive lenses) • Impact-resistant (polycarbonate) lenses • Scratch-resistant coating • Tinted (colored) lenses • UV protection • Average 20-25% savings on other lens enhancements	\$0 – \$175 \$41 – \$85 \$70 – \$82 \$31 – \$35 \$17 – \$33 \$15 – \$17 \$16	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	\$0	Every 12 months
Extra Savings	Glasses and Sunglasses • Extra \$20 to spend on a featured frame brand, which is on top of your frame allowance. ⁴ Simply choose a featured frame brand from your VSP network doctor and the extra \$20 will be automatically applied to your purchase. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP network doctor within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a \$39 copay on routine retinal screenings as an enhancement to your WellVision Exam.		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		
Your Coverage with Out-of-Network Providers			
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
Frame.....	up to \$70	Lined Trifocal Lenses.....	up to \$65
Single Vision Lense.....	up to \$30	Progressive Lenses.....	up to \$50
		Contacts.....	up to \$105
Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.1915 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. 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.			

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3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.
4. Brands/Promotions subject to change.
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Your VSP Vision Benefits Summary



VSP Individual Plan: EasyOptions Plan

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor³			
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
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames OR \$170 allowance for featured frame brands 20% savings on the amount over your 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 (polycarbonate) lenses for children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Progressive lenses (no-line bi/trifocals, ranging from standard to custom) Light-to-dark lens tinting (photochromic adaptive lenses) Average 20-25% savings on other lens enhancements 	\$0 – \$175 \$70 – \$82	Every 12 months

Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam 	\$0	Every 12 months
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EasyOptions Upgrades Members can choose from one of the following upgrades as part of their plan coverage.	<ul style="list-style-type: none"> Fully covered no-line bifocals (progressive lenses)
	<ul style="list-style-type: none"> Fully covered light-to-dark lens tinting (photochromic adaptive lenses)
	<ul style="list-style-type: none"> Increased frame allowance to \$230
	<ul style="list-style-type: none"> Increased contact lens allowance to \$230

Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on a featured frame brand, which is on top of your frame allowance.⁴ Simply choose a featured frame brand from your VSP network doctor and the extra \$20 will be automatically applied to your purchase. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP network doctor within 12 months of your last WellVision Exam.
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screenings as an enhancement to your 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 with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. If you visit an out-of-network provider, you'll 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 Lense.....up to \$30		

Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.1915 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. 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.

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3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.

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