As a VSP® Individual Vision Plan member, you get access to savings and personalized vision care.

Create your account today!
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.
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.

Quality vision care you need.
You’ll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Exclusive Members 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 Frame Brands²

bebe        Calvin Klein
cole haan    dragon.
flexon       longchamp

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

+ Up to 30% Savings on lens enhancements³

Create your online account today.
Contact us: 800.785.0699 or vsp.com
## VSP Vision Benefits Summary

**VSP INDIVIDUAL VISION PLAN: EasyOptions Plan**

### Coverage With a VSP Provider

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>COPAY</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>Focuses on your eyes and overall wellness</td>
<td>$15</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td>Included in Prescription Glasses</td>
<td>$25</td>
<td>See frame and lenses</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>$170 featured frame brands allowance</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>$150 frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>Impact-resistant lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td>Progressive lenses (standard, premium, or custom)</td>
<td></td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>Anti-glare coating</td>
<td></td>
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<tr>
<td></td>
<td>Light-reactive lenses</td>
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<tr>
<td></td>
<td>Impact-resistant lenses</td>
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</tr>
<tr>
<td></td>
<td>Scratch-resistant coating</td>
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<tr>
<td></td>
<td>Tinted lenses</td>
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<td></td>
<td>UV protection</td>
<td></td>
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<tr>
<td></td>
<td>Average savings of 30% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contacts (Instead of Glasses)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>COPAY</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VSP Easyoptions</strong></td>
<td>$150 allowance for contacts and contact lens exam (fitting and evaluation)</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Members can choose one of these upgrades</strong></td>
<td>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.</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
</tr>
</tbody>
</table>

### Extra Savings

- **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.

### Coverage With an Out-of-Network Provider

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
- **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.

### Renewing Your Annual Plan

Your plan will automatically renew at the end of your annual policy period and the payment information you provided 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, log in 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.

Benefits associated with Premier Edge are not available for all members in the State of Texas.

1. VSP provides 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 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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