# A Look at Your VSP Vision Coverage

With VSP, your health comes first.



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 eyewear you need.**

When you already have a current vision prescription, you'll save money on frames and lenses without paying a fee for an eye exam you don't need. Plus, you'll save up to 30% on our most popular lens enhancements – everything from progressives to light-to-dark tint.

#### **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.<sup>1</sup>
- 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 Brands<sup>2</sup>

bebe

Calvin Klein

COLE HAAN

@DRAGON.

**FLEXON** 

LONGCHAMP



See all brands and offers

at vsp.com/offers.



Up to

30%

Savings on lens enhancements<sup>3</sup>

# Your VSP Vision Benefits Summary

VSP INDIVIDUAL VISION PLAN: EyewearOnly 120 Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
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PRESCRIPTION GL	COVERAGE WITH A VSP PROVIDER <sup>4</sup> ASSES (Prescription must be within 12 months of your last eye exam)	\$25	
FRAME <sup>5</sup>	<ul> <li>\$140 featured frame brands allowance</li> <li>\$120 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
LENSES	<ul> <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> <li>Progressive lenses (standard, premium, or custom)</li> <li>Anti-glare coating</li> <li>Light-reactive lenses</li> <li>Impact-resistant lenses</li> <li>Scratch-resistant coating</li> <li>Tinted lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 - \$175 \$41 - \$85 \$75 \$35 \$17 - \$33 \$15 - \$17	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul> <li>\$120 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
EXTRA SAVINGS	<ul> <li>Glasses and Sunglasses</li> <li>Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for 20% savings on additional glasses and sunglasses, including lens enhand 12 months of your last WellVision Exam.</li> </ul>		SP provider within
	Laser Vision Correction		

## **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.

· Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

Frameup to \$70	Lined Bifocal Lensesup to \$50	Progressive Lensesup to \$50
Single Vision Lensesup to \$30	Lined Trifocal Lensesup to \$65	Contactsup to \$105

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 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, 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 Exas.

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. Trulearing 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. Trulearing is not insurance and not subject to state insurance regulations. Trulearing provides discounts to certain healthcare groups for hearing aid sales and services; Trulearing 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 Trulearing. 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