

Your vision.
Our passion.



Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you're covered. You're enrolled in VSP, and with us, you'll get the personalized eyecare you deserve. We'll help you see well, stay healthy and get the most out of life.

Valuable coverage.

If it takes you a minute to review your benefits coverage, or an hour, we know you'll:

- find a doctor in your neighborhood who's right for you
- enjoy a WellVision ExamSM focused on your health
- love your eyewear choices
- get great savings

Get started. It's a breeze.

Already have a VSP doctor?

Make an appointment today.

New to VSP and need a doctor?

Go to vsp.com or call us at 800-877-7195.

Make an appointment and tell them you have VSP.

It's that easy.



Satisfaction?
You bet. You'll
be 100% happy
or we'll make
it right.

Dental and Vision Ins.com

VSP B, \$10 copay

Exam covered in full..... every 12 months

Prescription Glasses

Lenses covered in full..... every 12 months

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

Frame..... every 24 months

- Frame of your choice covered up to \$130.
- Plus 20% off any out-of-pocket costs.

~OR~

Contact Lens Care..... every 12 months

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Laser Vision Correction Discounts

Glasses and Sunglasses

- Average 30% savings on lens options such as scratch-resistant and anti-reflective coatings and progressives
- 20% off additional glasses and sunglasses, including lens options*

Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)
- *Available from any VSP doctor within 12 months of your last eye exam

Exam & Prescription Glasses.....\$10.00

ContactsNo copay applies

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim within 6 months to VSP for partial reimbursement. If you decide to see a non-VSP provider, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

| | |
|---------------------|----------|
| Exam..... | \$45.00 |
| Lenses: | |
| Single Vision..... | \$45.00 |
| Lined Bifocal..... | \$65.00 |
| Lined Trifocal..... | \$85.00 |
| Frame..... | \$47.00 |
| Contacts..... | \$105.00 |

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.