

Your VSP Vision Benefits Summary

New in 2014, you automatically get an extra \$20 to spend when you choose a featured frame brand like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. Visit vsp.com to find a doctor who carries these brands.

VSP Doctor Network: VSP Signature

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency	
Your Coverage with a VSP Doctor				
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20 for exam and glasses	Every 12 months	
Prescription Glasses				
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% off amount over your allowance 	Combined with exam	Every 24 months	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with exam	Every 12 months	
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months	
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months	
Extra Savings and Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. 			
	Retinal Screening <ul style="list-style-type: none"> Guaranteed pricing on retinal screening 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 After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 			
Your Monthly Contribution	\$15.10 Employee only	\$24.16 Employee + spouse	\$24.66 Employee + child(ren)	\$39.76 Employee + family
Your Coverage with Other Providers				
Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.				
Exam.....up to \$50	Single Vision Lenses.....up to \$50	Lined Trifocal Lenses.....up to \$100	Contacts.....up to \$105	
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$75	Progressive Lenses.....up to \$75		
VSP guarantees coverage from VSP doctors only.				

Enroll in VSP today.
You'll be glad you did.
Contact us. vsp.com
800.877.7195

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