

Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust. To find a VSP doctor near you, visit vsp.com.

Doctor Network..... VSP Choice

WellVision Exam® focuses on your eye health and overall wellness
\$20 copay every calendar year

Prescription Glasses

\$20 copay

Lenses..... every calendar year

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

Frame every other calendar year

- \$150 allowance for a wide selection of frames
- 20% off the amount over your allowance

–OR–

Contacts (Instead of Glasses) every calendar year

- *Up to \$60 copay for your contact lens exam (fitting and evaluation)*
 - \$150 allowance for contacts

Your Bi-monthly Contribution

Employee only \$3.62
Employee + 1 dependent \$7.24
Employee + family.....\$11.66

Your Monthly Contribution

Employee only\$7.24
Employee + 1 dependent.....\$14.48
Employee + family\$23.32

Extra Savings and Discounts (applies to both plans)

Glasses and Sunglasses

- Average 20-25% savings on noncovered lens options
- 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your WellVision Exam.

Contacts

- 15% off the contact lens exam (fitting and evaluation)

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities

Your Benefits from Other Providers

- Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. See reimbursement schedule below.

Your Coverage with Other Providers

Exam.....Up to \$45	Lined trifocal lenses.....Up to \$65
Single vision lenses.....Up to \$30	Frame.....Up to \$70
Lined bifocal lenses.....Up to \$50	Contacts.....Up to \$105

Enroll in VSP. You'll be glad you did. Once enrolled, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Contact us. vsp.com | 800.877.7195