

# 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](https://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.<sup>1</sup>
- Savings on lenses, contacts, LASIK, and more.
- Visit [vsp.com/offers](https://vsp.com/offers) to view all offers.

**vsp** individual  
vision plans

More Ways  
to Save

Extra

\$20

to spend on

Featured Frame Brands<sup>2</sup>

bebe

Calvin Klein

COLE HAAN

DRAGON

FLEXON

LONG CHAMP  
PARIS



and more

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

+

Up to

30%

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

Create your online account today.  
Contact us: **800.785.0699** or [vsp.com](https://vsp.com)

# Your VSP Vision Benefits Summary

VSP INDIVIDUAL VISION PLAN: Standard Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>COVERAGE WITH A VSP PROVIDER<sup>4</sup></b>			
<b>WELLVISION EXAM<sup>®</sup></b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$15	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME<sup>5</sup></b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <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
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <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 \$16	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 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
<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		

## 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	Progressive Lenses.....up to \$50
Frame.....up to \$70	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 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](https://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](https://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 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. TruHearing 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. 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](https://vsp.com).

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Classification: Restricted