

# Vision Coverage You Can Buy on Your Own



## Stay with VSP

If you're between jobs or not eligible for vision benefits through work, we can help. VSP® Individual Vision Plans<sup>1</sup> has several affordable plans to choose from. We recommend the **Standard Plan**, which is our most popular plan, starting as low as \$17 a month. Here's what you can expect:



### Low Out-of-pocket Cost

Don't pay full retail price. Save more than \$200 a year<sup>2</sup> on exams, glasses, and contacts.



### Comprehensive Coverage

Choose from a wide selection of vision plans, lens enhancements (like no-line bifocals), and featured frames that fit your budget.



### Trusted Doctor

Keep your VSP network doctor that you know and trust, or choose a new one.



### Superior, Personalized Service

Count on the experience of dedicated representatives to guide you through enrollment and all your vision service needs.

**vsp** individual  
vision plans

See why we're  
consumers'

#1 choice  
in vision care.<sup>3</sup>

*"VSP is great! Great discounts on frames, exams, and glasses. VSP is easy to use. I am able to afford the optometrist I want to see and the frames I like. I highly recommend VSP!"*

—Bernadette, Oklahoma

Visit **StaywithVSP.com** or call **855.STAY.VSP (855.782.9877)**.  
Enroll at any time. There's no waiting period.

# Your VSP Vision Benefits Summary

## VSP Individual Plan: Standard Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY	
<b>YOUR COVERAGE WITH A VSP NETWORK PROVIDER<sup>4</sup></b>				
<b>WELLVISION EXAM*</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</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</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</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 \$31 - \$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>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://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>			
	<b>Routine Retinal Screening</b> <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>			
	<b>Laser Vision Correction</b> <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>			
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>				
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	Single Vision Lenses...up to \$30	Lined Trifocal Lenses..up to \$65	Contacts..... up to \$105
Frame .....	up to \$70	Lined Bifocal Lenses...up to \$50	Progressive Lenses.....up to \$50	
<small>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 385018, Birmingham, AL 35238-5018. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.</small>				

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.

- This vision plan has exclusions and limitations. For cost and complete details of coverage, contact VSP at **855.782.9877**.
- Savings are based on national averages on comprehensive eye exams and most commonly purchased frame brands and may vary by VSP plan and purchase selection. Average savings determined after benefits are applied.
- Consumers' #1 Choice in Vision Care; Vision Plan Member Research, 2017.
- Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.