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 .................................. 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

**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 .......................... $1.62
- 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**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Single vision lenses</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Lined bifocal lenses</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Lined trifocal lenses</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Frame</td>
<td>Up to $70</td>
</tr>
<tr>
<td>Contacts</td>
<td>Up to $105</td>
</tr>
</tbody>
</table>

**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