



# Protect your vision with VSP.

## Get the best in eye care and eyewear with WEBT and VSP® Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.



### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more'. Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at [Eyeconic.com](http://Eyeconic.com), VSP's online eyewear store.

Enroll in VSP today.  
You'll be glad you did.  
Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



WEBT and VSP provide you with an affordable eye care plan.

Effective Date: July 1st, 2017

VSP Provider Network: VSP Choice

| Benefit                                  | Description   | Copay                                 | Frequency            |
|--|---|---------------------------------------|----------------------|
| <b>Your Coverage with a VSP Provider</b> |   |                                       |                      |
| <b>WellVision Exam</b>                   | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Available twice every calendar year for dependent children</li> </ul>   | \$10                                  | Every 12 months      |
| <b>Prescription Glasses</b>              |   | \$25                                  | See frame and lenses |
| <b>Frame</b>                             | <ul style="list-style-type: none"> <li>\$160 allowance for a wide selection of frames</li> <li>\$180 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Available every calendar year for dependent children</li> </ul>  | Included in Prescription Glasses      | Every 24 months      |
| <b>Lenses</b>                            | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>  | Included in Prescription Glasses      | Every 12 months      |
| <b>Lens Enhancements</b>                 | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 25-35% on other lens enhancements</li> </ul>  | \$55<br>\$95 - \$105<br>\$150 - \$175 | Every 12 months      |
| <b>Contacts (instead of glasses)</b>     | <ul style="list-style-type: none"> <li>\$140 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>  | Up to \$30                            | Every 12 months      |
| <b>Diabetic Eyecare Plus Program</b>     | <ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>   | \$20                                  | As needed            |
| <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/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> |                                       |                      |
|  | <b>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> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>  |                                       |                      |

### Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

|                            |            |                             |            |                          |             |
|----------------------------|------------|-----------------------------|------------|--------------------------|-------------|
| 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 |                             |            |                          |             |

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

<sup>1</sup>Brands/Promotion subject to change.

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