



# VSP<sup>®</sup> Vision Care

## Broker-exclusive

### Individual Vision Plan



#### WELLVISION EXAM<sup>®</sup>

**Frequency:** One eye exam every 12 months beginning with effective date\*.  
**Copay:** \$15  
**Coverage:** WellVision Exam is a fully covered, comprehensive eye exam only a VSP doctor can offer.

#### PRESCRIPTION LENSES

**Frequency:** New lenses every 12 months  
**Copay:** \$25 for lenses and/or frame.  
**Coverage:** Single vision, lined bifocal, and lined trifocal lenses are fully covered. Based on your lens type (single vision/lined multifocal) \*\*, you should expect to pay no more than the following copays:

Product	Copay
Standard Progressive Lenses	\$55
Premium Progressive Lenses	\$95-\$105
Custom Progressive Lenses	\$150-\$175
Anti-reflective Coatings	\$41-\$85
Photochromic Lenses	\$70-\$82
Polycarbonate Lenses	\$31-\$35
Scratch-resistant Coating	\$17-\$33
Tinted (Colored) Lenses	\$15-\$17
UV Protection	\$16

Your plan provides an average 20-25% savings on the following lens enhancements\*\*\*:

- Edge Polish
- High Index Lenses
- Polarized Lenses

\*Enrollment in this plan constitutes a 12-month contract from the time of your effective date. You're responsible for the full annual premium, whether paid in a lump sum or broken into monthly payments.

\*\* Based on applicable laws, benefits may vary by doctor location.

\*\*\*Members should see their VSP doctor for special pricing on lens enhancements.

\*\*\*\* Ask your VSP doctor about qualifying frame brands.

#### FRAMES

**Frequency:** New frame every 12 months.  
**Copay:** \$25 for lenses and/or frame.  
**Coverage:** \$150 allowance, plus 20% off any amount over your allowance. 20% off additional glasses and sunglasses from any VSP doctor within 12 months of your eye exam. And, get an extra \$20 toward your frame allowance when you purchase a featured frame brand\*\*\*\*.

#### CONTACTS INSTEAD OF GLASSES

**Frequency:** Contacts every 12 months  
**Copay:** None.  
**Coverage:** \$150 allowance toward the purchase of contacts with a fully covered contact lens fitting and evaluation with no copay.

#### EXCLUSIVE MEMBER EXTRAS

Take advantage of exclusive special offers and rebates from VSP and leading industry brands.

**Primary EyeCare** Covering chronic and non-chronic conditions like infections, abrasions, or foreign objects in the eye.

**Laser VisionCare<sup>SM</sup>** Laser correction surgery at a reduced price only from VSP-approved laser surgeons and centers. Discounts on pre-operative and post-operative care. Average 15% off the regular price or 5% off the promotional price from participating facilities.

**Digital Hearing** State-of-the-art digital hearing aids with a savings of up to 50% through TruHearing,