

Get the best in eye care and eyewear with NRBT SIGNATURE PLAN B \$15/\$30 CVC - VOLUNTARY and VSP® Vision Care.



VSP invests 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.
- Choice of Providers. The decision is yours to make—choose a VSP doctor, a participating retail chain, 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.

- Register at 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 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.

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 Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit **vsp.com** to find a VSP provider who carries these brands.

Plan Information:

NRBT Signature Plan B \$15/\$30 CVC VSP Provider Network: Signature

Your VSP Vision Benefits Summary



NRBT SIGNATURE PLAN B \$15/\$30 CVC - VOLUNTARY and VSP provide you with an affordable eye care plan.

NRBT	Signature	Plan B	\$15/\$30	CVC

Benefit	Description	Copay	Frequency	
	Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$15	Every 12 months	
Prescription Glasses		\$30	See frame and lenses	
Frame	 \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every 24 months	
Lenses	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every 12 months	
Lens Enhancements	 Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$0 \$50 \$80 - \$90 \$120 - \$160	Every 12 months	
Contacts (instead of glasses)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months	
Primary Eyecare	 Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed	
Computer Vision Care				
Frame	 \$90 allowance for a wide selection of frames \$110 allowance for featured frame brands 20% savings on the amount over your allowance 	\$10 for frame and lenses	Every 12 months	
Lenses	Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with Frame	Every 12 months	
	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/special 30% savings on additional glasses and sunglasses, including lens enl same day as your WellVision Exam. Or get 20% from any VSP provide	hancements, from th		
Extra Savings	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			
	 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilitie After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 			

Your Coverage with Out-of-Network Providers							
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.							
Exam up to \$50 Frame up to \$70 Single Vision Lenses up to \$50		Progressive Lensesup to \$75 Contactsup to \$105					

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Based on applicable laws, benefits may vary by location.

Contact us. 800.877.7195 | vsp.com