

Your VSP Vision Benefits Summary

NRBT Signature Plan A \$15/30 - CVC

VSP Coverage Effective Date: 01/01/2015
VSP Provider Network: VSP Signature

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every 12 months
Prescription Glasses		\$30	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 24 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 24 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 24 months
Primary Eyecare	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> \$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	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and occupational lenses 	Combined with Frame	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 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. <hr/> <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <hr/> <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 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	Single Vision Lenses.....up to \$50	Lined Trifocal Lenses.....up to \$100	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$75	Progressive Lenses.....up to \$75	

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.

See why we're consumers' #1 choice in vision care².
 Contact us. **800.877.7195**
vsp.com

¹Brands/Promotion subject to change
²Blueocean Market Intelligence National Vision Plan Member Research, 2014
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