

# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM PAYPAL AND VSP.



Enroll in VSP® Vision Care to get personalized eye care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

### USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

## GET YOUR PERFECT PAIR

**EXTRA \$20 + UP TO 40%**  
TO SPEND ON  
FEATURED FRAME BRANDS\* | SAVINGS ON LENS  
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



**Enroll today.**

Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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# YOUR VSP VISION BENEFITS SUMMARY

PayPal and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

## PROVIDER NETWORK:

VSP Signature

## EFFECTIVE DATE:

01/01/2021



BENEFIT	DESCRIPTION	COPAY
<b>Enhanced Plan</b> Coverage with a VSP Provider		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Diabetic Eyecare Plus Program, see description under Core Plan</li> <li>Every calendar year</li> </ul>	\$0
		\$0
<b>PRESCRIPTION GLASSES</b> \$20		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$35 \$80 - \$90 \$120 - \$160
<b>Contacts</b> (instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>ADDITIONAL PAIRS OF EYEWEAR</b>		
<b>Frame and Lenses</b>	<ul style="list-style-type: none"> <li>Same allowances as first pair frame and lenses</li> <li>Every calendar year</li> </ul>	\$20 for frame and lenses
<b>Contacts</b> (instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation), after applicable copay</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>LASER VISIONCARE PREFERRED PROGRAM</b>		
<b>Laser VisionCare Preferred Program</b>	<ul style="list-style-type: none"> <li>\$1000 allowance both eyes for Custom LASIK, Custom PRK, Bladeless LASIK, LASIK, or PRK; Once per lifetime</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from anyVSP doctor</li> <li>Average 15% of the regular price or 5% of the promotional price; discounts only available from contracted facilities</li> <li>Once per lifetime</li> </ul>	\$0
<b>SUNCARE</b>	<ul style="list-style-type: none"> <li>\$150 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts</li> <li>Every calendar year</li> </ul>	\$20

BENEFIT	DESCRIPTION	COPAY
<b>Core Plan</b> Coverage with a VSP Provider		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$0
<b>PRESCRIPTION GLASSES</b> \$20		
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<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 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$80 - \$90 \$120 - \$160
<b>Contacts</b> (instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60
<b>VSP DIABETIC EYECARE PLUS PROGRAM™</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed</li> </ul>	\$0 \$0 per exam

<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/offers">vsp.com/offers</a> for details</li> <li>30% savings on additional glasses and sunglasses, trifocal lenses 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>Routine 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>

## YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.