Life is better in focus[™].



Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

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 network doctor, 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 network 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.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. 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 bebe[®], Calvin Klein, Cole Haan, Flexon[®], Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com**[®], VSP's preferred online eyewear store.





Enroll in VSP today. You'll be glad you did. Contact us. **800.877.7195 vsp.com**

Your VSP Vision Benefits Summary

UNITED HERITAGE LIFE INSURANCE COMPANY and VSP provide you with an affordable eye care plan.



VSP Provider Network: VSP Choice

		er Network: VSP Choice
Description	Сорау	Frequency
Your Coverage with a VSP Provider		
 Focuses on your eyes and overall wellness 	\$10	Every 12 months
	\$25	See frame and lenses
 \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco[®] frame allowance 	Included in Prescription Glasses	Every 24 months
Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation), billed amount not to exceed 	ed \$60	Every 12 months
		any VSP provider within 12
Retinal Screening No more than a \$39 copay on routine retinal screening as an enhance 	ement to a WellVis	ion Exam
 Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; disc 	counts only availab	ble from contracted facilities
Your Coverage with Out-of-Network Providers		
	out-of-network pro	widers will be less or you'll
		up to \$50 up to \$105
hain may be different. Once your benefit is effective, visit vsp.com for details. Based on applicable e of the corporation through which VSP does business.	laws, benefits may vary b	by location. In the state of Washington
	Your Coverage with a VSP Provider • Focuses on your eyes and overall wellness • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance • \$130 allowance for dependent children • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation), billed amount not to exceed Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/speciald • 20% savings on additional glasses and sunglasses, including lens en months of your last WellVision Exam. Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhance Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; dis Your Coverage with Out-of-Network Providers mefits and greater savings with a VSP network doctor. Your coverage with efits. Visit vsp.com for plan details. <td>Description Copay Your Coverage with a VSP Provider • Focuses on your eyes and overall wellness \$10 • Focuses on your eyes and overall wellness \$10 • \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands \$25 • \$130 allowance for featured frame brands Included in Prescription Glasses • \$70 Costco® frame allowance Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Included in Prescription Glasses • \$130 allowance for contacts is of dependent children \$10 • Custom progressive lenses \$55 • Premium progressive lenses \$55 • Average savings of 20-25% on other lens enhancements \$100 = \$100 \$100 \$100 \$100 \$100 \$100 \$10</td>	Description Copay Your Coverage with a VSP Provider • Focuses on your eyes and overall wellness \$10 • Focuses on your eyes and overall wellness \$10 • \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands \$25 • \$130 allowance for featured frame brands Included in Prescription Glasses • \$70 Costco® frame allowance Included in Prescription Glasses • Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Included in Prescription Glasses • \$130 allowance for contacts is of dependent children \$10 • Custom progressive lenses \$55 • Premium progressive lenses \$55 • Average savings of 20-25% on other lens enhancements \$100 = \$100 \$100 \$100 \$100 \$100 \$100 \$10

This Benefit Summary is not part of your group's Policy or the Certificate of Coverage. The policy and certificate may contain certain Limitations and Exclusions not stated in this Benefit Summary. Please see the issued Policy and Certificate of Coverage for specific plan information.

Contact us. 800.877.7195 | vsp.com

 Brands/Promotion subject to change.
 Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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