

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM WTIA ENHANCED PLAN AND VSP.



As a VSP® member, you get personalized 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.



With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

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.

Choose Your Perfect Pair

VSP members get an extra \$20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.*

GET YOUR PERFECT PAIR

EXTRA \$20

TO SPEND ON
FEATURED FRAME BRANDS*

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

UP TO 40%

SAVINGS ON LENS
ENHANCEMENTS



Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

WTIA ENHANCED PLAN and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

12/01/2019



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	\$10	Every 12 months
PRESCRIPTION GLASSES			
Frame	<ul style="list-style-type: none">\$150 allowance for a wide selection of frames\$170 allowance for featured frame brands20% savings on the amount over your allowance\$80 Costco® frame allowanceOR You may receive a pair of ready-made non-prescription Sunglasses instead of prescription glasses or contacts	\$0	Every 12 months
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesPolycarbonate lenses for dependent children	\$0	Every 12 months
Lens Enhancements	<ul style="list-style-type: none">Standard progressive lensesPremium progressive lensesCustom progressive lensesAverage savings of 20-25% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none">\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
DIABETIC EYECARE PLUS PROGRAM	<ul style="list-style-type: none">Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Computer VisionCare (Employee-only coverage)			
COMPUTER VISION EXAM	<ul style="list-style-type: none">Evaluates your needs related to computer use	\$10 for exam and glasses	Every 12 months
FRAME	<ul style="list-style-type: none">\$90 allowance for a wide selection of frames\$110 allowance for featured frame brands20% savings on the amount over your allowance	Combined with exam	Every 12 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, lined trifocal, and occupational lenses	Combined with exam	Every 12 months
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening <ul style="list-style-type: none">No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
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.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50
		Contacts	up to \$105
Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

*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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