

Vision Coverage You Can Buy on Your Own



Stay with VSP

If you're between coverage or not eligible for vision benefits through work, we can help. While VSP® Individual Vision Plans¹ has several plans to choose from, we recommend the **Standard Plan**. Get quality coverage starting as low as \$17 a month. Here's what you can expect:



Low Out-of-Pocket Cost

Don't pay full retail price. Save more than \$300 a year² on exams, glasses, and contacts.



Personalize Your Plan

Choose from a wide selection of vision plans, lens enhancements (like no-line bifocals), and featured frames that fit your budget.



Trusted Doctor

Keep your VSP network doctor that you know and trust, or choose a new one.



Flexible Options

Choose your start date and whether to pay your premium up front or monthly.

vsp individual
vision plans

See why members
like you keep VSP.

"VSP is great! Great discounts on frames, exams, and glasses. VSP is easy to use. I am able to afford the optometrist I want to see and the frames I like. I highly recommend VSP!"

—Bernadette, Oklahoma

Visit **StaywithVSP.com** or call **855.STAY.VSP** (855.782.9877).
Enroll at any time. There's no waiting period.

YOUR VSP VISION BENEFITS SUMMARY

VSP INDIVIDUAL PLAN: Standard Plan

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP NETWORK PROVIDER ³			
WELLVISION EXAM*	<ul style="list-style-type: none">Focuses on your eyes and overall wellness	\$15	Every 12 months
PRESCRIPTION GLASSES		\$25	See frame and lenses
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	Included in Prescription Glasses	Every 12 months
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none">Progressive lenses (standard, premium, or custom)Anti-glareLight-reactive lensesImpact-resistant lensesScratch-resistant coatingTinted lensesUV protectionAverage savings of 30% on other lens enhancements	\$0 - \$175 \$41 - \$85 \$75 \$31 - \$35 \$17 - \$33 \$15 - \$17 \$16	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$150 allowance for contacts and contact lens exam (fitting and evaluation)15% savings on a contact lens exam (fitting and evaluation)	\$0	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.		
	Routine 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. If you visit an out-of-network provider, you will have higher out-of-pocket expenses.			
Exam.....up to \$45	Single Vision Lenses...up to \$30	Lined Trifocal Lenses..up to \$65	Contacts.....up to \$105
Frameup to \$70	Lined Bifocal Lenses...up to \$50	Progressive Lenses.....up to \$50	
Note: If you choose to see an out-of-network provider, you will receive less coverage. Payment is expected at the time of your visit. Following your appointment, submit your itemized claim to Vision Service Plan, Attention: Claim Services, PO Box 385018, Birmingham, AL 35238-5018. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.			

Based on applicable laws, benefits may vary by location. Discounts on products and additional savings are not available in the states of Washington and Vermont.

1. This vision plan has exclusions and limitations. For cost and complete details of coverage, contact VSP at **855.782.9877**.
2. Savings are based on national averages on comprehensive eye exams and most commonly purchased frame brands and may vary by VSP plan and purchase selection. Average savings determined after benefits are applied.
3. Coverage terms and conditions are set forth in the policy under which the individual consumer is insured, and such terms and conditions vary according to the laws of the state in which the policy was issued.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public