

Member Vision Card

Your card is a summary of your benefits and includes information to help you manage your vision. It's only available for the primary subscriber and is not required to receive services.

Print and save this card for future reference, or for a paper-friendly view, you can access the card at **vsp.com** from your smartphone.

Member: Ralph Holzmann



Coverage Type: Family
Client ID: 30015086 0001 0001
Doctor Network: VSP Signature
Copays: \$10.00

Using your VSP® benefit is easy.

- Find the eyecare provider who's right for you.
To find a VSP doctor, visit **vsp.com** or call **800.877.7195**.
- Review your benefit information at vsp.com before your appointment.
- At your appointment, tell them you have VSP.

My Eyecare Provider: _____
Phone: _____

This card is not required for service and does not guarantee benefit eligibility. It is for use by VSP members. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

For more about your coverage
visit **vsp.com**, or call **800.877.7195**.

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