



Protect your vision with VSP.

Get the best in eye care and eyewear with PayPal and VSP® Vision Care.



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

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 provider, 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 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.

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

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, 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 more¹. Visit **vsp.com** to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at **Eyeconic.com**, VSP's online eyewear store.

Your VSP Vision Benefits Summary

PayPal and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Option 1 VSP Provider Network: VSP Signature

| Benefit | Description | Copay |
|--|---|--|
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness, every calendar year Diabetic Eyecare Plus Program (DEP Plus), see description under Option 2 | \$0 WellVision Exam / \$20 DEP Plus |
| Prescription Glasses | | |
| \$20 | | |
| Frame | <ul style="list-style-type: none"> \$150 allowance on a wide selection of frames with a 20% savings on amount over the allowance \$80 Costco® frame allowance Every calendar year | Included in Prescription Glasses |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year | Included in Prescription Glasses |
| Lens Enhancements | <ul style="list-style-type: none"> Progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year | \$50 - \$160 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation), after applicable copay Every calendar year | Up to \$60 |
| Additional Pairs of Eyewear | | |
| Frame | <ul style="list-style-type: none"> Same copay, allowance and frequency as the first pair frame benefit | |
| Lenses | <ul style="list-style-type: none"> Same copay, allowance and frequency as the first pair lens benefit | |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> Same copay, allowance and frequency as the first pair contact lens benefit | |
| Laser VisionCare Preferred Program | | |
| Laser VisionCare Preferred Program | <ul style="list-style-type: none"> \$1,000 allowance for LASIK, Custom LASIK, and PRK; Once per lifetime Average 15% off the regular price or 5% off the promotional price from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor | \$0 |
| Your Coverage with Out-of-Network Providers | | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP network provider. | | |
| Exam up to \$50 Lined Trifocal Lenses up to \$100 Frame up to \$75 Progressive Lenses up to \$75 Single Vision Lenses up to \$50 Contacts up to \$150 Lined Bifocal Lenses up to \$75 | | |

Option 2 VSP Provider Network: VSP Signature

| Benefit | Description | Copay |
|--|--|----------------------------------|
| Your Coverage with a VSP Provider | | |
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness, every calendar year | \$0 |
| Prescription Glasses | | |
| \$20 | | |
| Frame | <ul style="list-style-type: none"> \$150 allowance on a wide selection of frames with a 20% savings on amount over the allowance \$80 Costco® frame allowance Every calendar year | Included in Prescription Glasses |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every calendar year | Included in Prescription Glasses |
| Lens Enhancements | <ul style="list-style-type: none"> Progressive lenses Average savings of 35-40% on other lens enhancements Every calendar year | \$50 - \$160 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation), after applicable copay Every calendar year | Up to \$60 |
| 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. As needed | \$20 |
| Your Coverage with Out-of-Network Providers | | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP network provider. | | |
| Exam up to \$50 Lined Trifocal Lenses up to \$100 Frame up to \$75 Progressive Lenses up to \$75 Single Vision Lenses up to \$50 Contacts up to \$105 Lined Bifocal Lenses up to \$75 | | |

| | |
|----------------------|---|
| Extra Savings | Glasses and Sunglasses |
| | <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 30% savings on additional glasses and sunglasses, 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. |
| | 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 |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. 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.

¹Brands/Promotion subject to change.

©2014 Vision Service Plan. All rights reserved. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.