

# 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<sup>®</sup>—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.

## 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.



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

# **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.

Enhanced Plan VSP Provider Network: VSP Signature				
Benefit	Description	Copay		
	Your Coverage with a VSP Provider			
WellVision Exam	<ul> <li>Focuses on your eyes and overall wellness, every calendar year</li> <li>Diabetic Eyecare Plus Program (DEP Plus), see description under Core Plan</li> </ul>	\$0 WellVision Exam / \$0 DEP Plus		
Prescription Glasses \$20				
Frame	\$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> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses		
Lens Enhancements	<ul> <li>Progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$50 - \$160		
Contacts (instead of glasses)	<ul> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation), after applicable copay</li> <li>Every calendar year</li> </ul>	Up to \$60		
Additional Pairs of Eyewear				
Frame	<ul> <li>Same copay, allowance and frequency as the first pair frame benefit</li> </ul>			
Lenses	Same copay, allowance and frequency as the first pair lens benefit			
Contacts (instead of glasses)	<ul> <li>Same copay, allowance and frequency as the first pair contact lens benefit</li> </ul>			
Laser VisionCare Preferred Program				
Laser VisionCare Preferred Program	<ul> <li>\$1,000 allowance for LASIK, Custom LASIK, and PRK; Once per lifetime</li> <li>Average 15% off the regular price or 5% off the promotional price from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	<b>\$</b> O		
Your Coverage with Out-of-Network Providers				
Visit <b>vsp.com</b> for details, if you plan to see a provider other than a VSP network				

Core Plan	Plan VSP Provider Network: VSP Signature			
Benefit	Description	Copay		
Your Coverage with a VSP Provider				
WellVision Exam	<ul> <li>Focuses on your eyes and overall wellness, every calendar year</li> </ul>	\$0		
Prescription Glasses \$20				
Frame	\$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> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses		
Lens Enhancements	<ul> <li>Progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$50 - \$160		
Contacts (instead of glasses)	<ul> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation), after applicable copay</li> <li>Every calendar year</li> </ul>	Up to \$60		
Diabetic Eyecare Plus Program	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.	<b>\$</b> O		
Your Coverage with Out-of-Network Providers				
Visit <b>vsp.com</b> 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

Visit **vsp.com** for details, if you plan to see a provider other than a VSP network provider.

Examup to \$50	Lined Trifocal Lenses up to \$100
Frameup to \$75	Progressive Lensesup to \$75
Single Vision Lensesup to \$50	Contactsup to \$150
Lined Bifocal Lensesup to \$75	·

#### Glasses and Sunglasses

• Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.

### Extra Savings

• 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**

• 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.

<sup>1</sup>Brands/Promotion subject to change.