

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

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 which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.

Eyeconic® is the preferred VSP online retailer where eyeconic you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

More Eyewear Choices

Shop more than 50 brands of contacts, eyeglasses, and sunglasses on **eyeconic.com**. Best of all, you can use your VSP benefits and connect directly with your eye doctor for your prescription.

vision care

More Ways to Save Extra

to spend on

Featured Brands†

bebe

CALVINKLEIN

COLE HAAN

DRAGON LACOSTE 痪

FLEXON



See all brands and offers at vsp.com/offers.



Up to 40%

Savings on lens enhancements‡

Your VSP Vision Benefits Summary

STATE BANKERS ASSOCIATION GROUP INSURANCE

TRUST and VSP's Basic Plan provides you with an affordable Eyecare Plan.



SP Coverage Effective Date: 01/01/2023		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	Focuses on your eyes and overall wellness	\$15	Every calendar year
Prescription Glasses		\$30	See frame and lenses
Frame	 \$150 allowance for a wide selection of frames at VSP Providers & Walmart/Sam's Club 20% savings on the amount over your allowance \$80 Costco* frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	 Scratch-resistant coating Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$55 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	 \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
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. 	\$20	As needed
Extra Savings	 Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	 Refinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction • 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

(FU UIF NPTU PVU PG ZPVS CFOFGJUT BOE HSFBUFS TBWJOHT XJUI B 741 OFUXPSL EPDUPS \$BMM .FNCFS 4FSWJDFT GPS PVU PG OFUXPSL QMBO EFUBJMT

SPWFSBHF XJUI B SFUBJM DIBJO NBZ CF EJGGFSFOU PS OPU BQQMZ (00DF ZPVS CFOFGJU JT FGGFDUJWF WJTJU WTQ DPN GPS EFUBJMT 741 HVBSBOUFFT DPWFSBHF GSPN 741 OFUXPSL QSPWJEFST POMZ \$PWFSBHF JOGPSNBUJPO JT TVCKFDU UP DIBOHF *O UIF FWFOU PG B DPOGMJDU CFUXFFO UJT JOGPSNBUJPO BOE ZPVS PSHBOJ[BUJPO T DPOUSBDU XJUI 741 UJF UFSNT PG UJF DPOUSBDU XJMM QSFWBJM #BTFE PO BQQMJDBCMF MBXT CFOFGJUT NBZ WBSZ CZ MPDBUJPO *O UJF TUBUF PG 8BTIJOHUPO 741 7JTJPO \$BSF *OD JT UJF MFHBM OBNF PG UJF DPSQPSBUJPO UJSPVHI XIJDI 741 EPFT CVTJOFTT

Contact us. 800.877.7195 | vba.vspforme.com

*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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Brands/Promotion subject to change.