



University of Massachusetts Medical School and **VSP** provide you with an affordable eyecare plan. Sign up for VSP!

Doctor Network.....VSP Choice

Your VSP Vision Benefits Summary

Why enroll in a VSP® Vision Care plan? We'll help keep you and your eyes healthy. Plus, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP.

Value and Savings. You'll get great benefits on your exam and eyewear at an affordable price.

Personalized Care. You'll get quality care that focuses on your eyes and overall wellness with a WellVision Exam® from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, you'll be 100% happy with your eyecare and eyewear from a VSP doctor or we'll make it right.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call **800.877.7195**.

Enroll today. You'll be glad you did.

Once your plan is effective, register on vsp.com to view a complete description of your benefits. To use your vision coverage, simply tell your eyecare provider that you have VSP. No ID card is necessary.

Contact us. vsp.com | **800.877.7195**

| Your Coverage with a VSP Doctor | |
|--|----------------------------|
| WellVision Exam® focuses on your eye health and overall wellness | |
| • \$10.00 copay..... | every calendar year |
| Prescription Glasses | |
| • \$25.00 copay | |
| Lenses..... | every calendar year |
| • Single vision, lined bifocal, and lined trifocal lenses | |
| • Polycarbonate lenses | |
| Frame..... | every calendar year |
| • \$175.00 allowance for a wide selection of frames | |
| • 20% off the amount over your allowance | |
| ~OR~ | |
| Contacts (instead of glasses)..... | |
| • Up to \$60.00 copay for your contact lens exam (fitting and evaluation) | every calendar year |
| • \$175.00 allowance for contacts | |
| Extra Discounts and Savings | |
| Glasses and Sunglasses | |
| • Average 20-25% savings on all non-covered lens options | |
| • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam | |
| Contacts | |
| • 15% off cost of contact lens exam (fitting and evaluation) | |
| Laser Vision Correction | |
| • Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. | |
| Your Bi-Weekly Contribution | |
| Employee Only..... | \$3.00 |
| Employee + Family | \$8.28 |
| Your Coverage with Other Providers | |
| Visit vsp.com for details, if you plan to see a provider other than a VSP doctor. | |
| Exam | Up to \$45.00 |
| Single vision lenses | Up to \$30.00 |
| Lined bifocal lenses | Up to \$50.00 |
| Lined trifocal lenses..... | Up to \$65.00 |
| Frame | Up to \$70.00 |
| Contacts | Up to \$105.00 |

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

