



Member Name

Coverage Type

Doctor Network

Copays

Using your VSP® benefit is easy.

- Find the eye care provider who's right for you.
To find a VSP provider, 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 eye care provider: _____

Phone: _____

This card isn't required for service and doesn't guarantee benefit eligibility. It's 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. Utah members, your VSP coverage is provided by Vision Service Insurance Plan Company and is regulated by the State of Utah Insurance Division.

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





month/day/year

THANKS FOR BEING PART OF THE VSP FAMILY!



By being a VSP® Vision Care member, it's clear that eye health is important to you. That's great, because we love eyes and want to help you get the most from your vision coverage. When you visit an in-network doctor, like a Premier Program location, you'll get the personalized eye care you deserve and enjoy a wide selection of featured frame brands.

GET TO KNOW YOUR BENEFITS.

CREATE YOUR ACCOUNT ON VSP.COM TO...		
	View your in-network coverage	View your coverage details and discover money-saving offers.
	Find your in-network doctor	Maximize your benefits at a Premier Program location, including thousands of private practice doctors and more than 700 Visionworks® retail locations nationwide. Log in to confirm in-network locations based on your plan type.
	Enjoy more savings and offers	As a VSP member, you have access to exclusive promotions like the Extra \$20, contact lens rebates, LASIK deals, hearing aid discounts, and other offers from leading industry brands, totaling more than \$3,000 in savings.
	Shop online and connect your benefits	Prefer to shop online? Get contacts, glasses, and sunglasses using your vision benefits on eyeconic.com *—the VSP preferred online retailer.



VISIT VSP.COM TODAY TO ACCESS YOUR PERSONALIZED BENEFITS!

That's it for now. But if you have any questions, give us a call at **800.877.7195** or visit **vsp.com**.

Thanks for choosing VSP!

Kate Renwick-Espinosa
President, VSP Vision Care

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM HOWARD COUNTY GOVERNMENT AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

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 for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



USING YOUR BENEFIT IS EASY!

Create an account on [vsp.com](https://www.vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to [eyeconic.com](https://www.eyeconic.com) and use your vision benefits to shop over 50 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®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: [800.877.7195](tel:800.877.7195) or [vsp.com](https://www.vsp.com)

YOUR VSP VISION BENEFITS SUMMARY

HOWARD COUNTY GOVERNMENT and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
PRESCRIPTION GLASSES			
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance 	\$0	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	\$0	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Tints/Light-reactive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$80 - \$90 \$120 - \$160	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers 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. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

*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.

Classification: Restricted

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