



Life is
better in
focus.™

Get access to the best in eye care and eyewear with Yale New Haven Health System and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

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 network doctor, 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 network 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 doctor who's right for you.** 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 more.¹ Visit vsp.com to find a Premier Program location who 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

VSP EasyOptions

With VSP EasyOptions, you and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts:

- An additional \$95 frame allowance, or
- An additional \$45 contact lens allowance, or
- Fully covered anti-reflective coatings, or
- Fully covered progressive lenses, or
- Fully covered photochromic-adaptive lenses.

Your VSP Vision Benefits Summary

Effective Date: 01/01/2018
VSP Provider Network: VSP Choice

Yale New Haven Health System and VSP provide you a choice in your vision plan—choose the Base Plan or select the Premier Plan with VSP EasyOptions. Each plan will allow you and each VSP member on your plan to choose benefits you'll use and love.

Base Plan			Premier Plan with VSP EasyOptions		
Benefit	Description	Copay	Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$15	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$15
Prescription Glasses		\$15	Prescription Glasses		\$15
Frame	<ul style="list-style-type: none"> \$155 allowance for a wide selection of frames \$175 allowance for featured frame brands 20% savings on the amount over your allowance \$85 Costco® frame allowance Every other calendar year 	Included in Prescription Glasses	Frame	<ul style="list-style-type: none"> \$155 allowance for a wide selection of frames \$175 allowance for featured frame brands 20% savings on the amount over your allowance \$85 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	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"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20–25% savings on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20–25% savings on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$155 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year 	\$0	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$155 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) Every calendar year 	\$0
			VSP EasyOptions	<ul style="list-style-type: none"> You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts: an additional \$95 frame allowance, an additional \$45 contact lens allowance, or fully covered photochromic-adaptive lenses, or fully covered progressive lenses, or fully covered anti-reflective coatings. 	

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
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Extra Savings	Glasses and Sunglasses	<ul style="list-style-type: none"> 20% savings on additional glasses and sunglasses, including lens enhancements, 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
	Laser Vision Correction	<ul style="list-style-type: none"> 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

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

Exam.....up to \$45	Single Vision Lenses.....up to \$45	Lined Trifocal Lenses.....up to \$85	Contacts.....up to \$105
Frame.....up to \$47	Lined Bifocal Lenses.....up to \$65	Progressive Lenses.....up to \$85	

Coverage with a participating retail chain may be different. VSP guarantees coverage from VSP providers only. Eyeconic is not an in-network provider. 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.

Contact us. [800.877.7195](tel:800.877.7195) | vsp.com

1. Brands/Promotion subject to change.

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