

Get the best in eyecare and eyewear with Eva Care Group 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®—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.

- Register at vsp.com. Once your plan is effective, review your benefit information.
- Find an eyecare 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 Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more! Visit **vsp.com** to find a VSP provider who carries these brands.



Enroll in VSP today. You'll be glad you did.

Contact us. **800.877.7195 vsp.com**

Your VSP Vision Benefits Summary

Eva Care Group and VSP provide you with an affordable eyecare plan.



VSP Provider Network: VSP Choice

VSP Provider N			letwork: VSP Choice	
Benefit	Description	Copay	Frequency	
	Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$20	Every 12 Months	
Prescription Glasses		\$20	See frame and lenses	
Frame	 \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands \$70allowance at Costco 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 12 Months	
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 Months	
Lens Enhancements	 Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 Months	
Contacts (instead of glasses)	 \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year	
Primary Eyecare	 Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed	
Additional Pairs of Eyewe	par			
Frame	 \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	\$25 for frame and lenses	Every other calendar year	
Lenses	 Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Combined with Frame	Every calendar year	
Contacts (instead of glasses)	\$130 allowance for additional contacts Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year	
Additional Coverage	Computer Vision Care	y coverage)		
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. Retinal 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						
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.						
Examup to \$45 Frameup to \$70	Single Vision Lensesup to \$30 Lined Bifocal Lensesup to \$50	Lined Trifocal Lensesup to \$65 Progressive Lensesup to \$50	Contactsup to \$105			

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.

Contact us. 800.8//./195 | vsp.com

¹ Brands/Promotion subject to change.