

ENROLL IN VSP VISION CARE

LIFE IS BETTER IN FOCUS



2020 Federal Employees Dental and Vision Insurance Program (FEDVIP)



choosevsp.com
800.807.0764

WE'VE GOT YOUR VISION COVERED.

You and your eyes deserve to be healthy and happy. That's where we come in. With VSP®, you'll get access to the quality eye care you deserve from a doctor you'll love. Personalized care at low out-of-pocket costs and stylish eyewear you want—it's a win-win!



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 to get more out of your vision coverage. High Option members can save over **\$613*** on essentials—like an eye exam and eyewear—when they visit one of our more than **38,000** in-network doctors.



STYLES YOU'LL LOVE.

Find frames for the whole family with hundreds of stylish options. Plus, you'll get a higher frame allowance when you choose a featured frame brand.

Visit **choosevsp.com** to find a doctor who participates in the **Premier Program** and carries a wide selection of featured frame brands.



OPTIONS YOU EXPECT.

Prefer to shop online? Get contacts, glasses, and sunglasses using your vision benefits on **Eyeconic®**—the VSP preferred online retailer.

Learn more about **Eyeconic** on **choosevsp.com** or visit **eyeconic.com** to start shopping today.



SAVINGS YOU DESERVE.

Maximize your savings with the VSP High Option plan.

FEATURED FRAME BRANDS INCLUDE'

bebe

CALVIN KLEIN

COLE HAAN

FLEXON
BLACK

LACOSTE 



NINE WEST
EYEWEAR

AND MORE!

Exam/Eyewear	Without VSP*	With VSP High Option
Eye Exam	\$181	\$10 Copay
Frame (\$200 allowance**)	\$200	
Single Vision Lenses	\$98	
TechShield Anti-glare Coating	\$144	\$0
Impact-resistant Lenses	\$58	\$0
Light-reactive Lenses	\$115	\$0
Self-only Annual Premium (Pre-tax for Employees)	N/A	\$172.92
Total Cost for Services	\$796	\$182.92

1. Brands subject to change.

*Comparison based on national average for comprehensive eye exams and most commonly purchased brands. Out-of-network reimbursements vary.

**Enjoy a higher frame allowance when you purchase a featured frame brand. VSP High Option plan comes with a \$150 frame allowance toward the purchase of any frame brand; or get a \$200 frame allowance on a featured frame brand.

AVERAGE ANNUAL SAVINGS*

PSST... Family savings will be higher!

\$613.08

DON'T MISS YOUR CHANCE. ENROLL IN VSP TODAY!



Enroll at BENEFEDS.com or call **877.888.FEDS** (3337) from **November 11 - December 9, 2019 (EST, Midnight)**. Choose the Standard Option plan, or select the High Option plan for enhanced benefits. You can enroll in VSP no matter which medical plan you choose. We'll coordinate with your medical or other vision coverage so you get the most from your VSP benefits.

Benefit	Description	Copay	Benefit	Description	Copay
Standard Option Plan Coverage with a VSP Provider			High Option Plan Coverage with a VSP Provider		
WellVision Exam*	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	
Frame	<ul style="list-style-type: none"> \$160 allowance for featured frame brands \$120 allowance for a wide selection of frames 20% savings on the amount over your allowance Every calendar year 	\$20	Frame	<ul style="list-style-type: none"> \$200 allowance for featured frame brands \$150 allowance for a wide selection of frames 20% savings on the amount over your allowance Every calendar year 	\$10 for exam and/or glasses
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 		Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, and lenticular lenses Every calendar year 	
Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 - \$105 \$150 - \$175	Progressive Lenses	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$0 \$95 - \$105 \$150 - \$175
Anti-glare	<ul style="list-style-type: none"> Standard anti-glare coating Premium anti-glare coating Ultra-premium anti-glare coating Custom anti-glare coating 	\$41 \$58 \$69 \$85	Anti-glare	<ul style="list-style-type: none"> All TechShield anti-glare coatings Standard anti-glare coating Premium anti-glare coating Ultra-premium anti-glare coating Custom anti-glare coating 	\$0 \$21 \$38 \$49 \$65
Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Light-reactive lenses UV coating Average 20-25% savings on other lens enhancements 	\$0 \$0 \$15 \$70-\$82 \$16	Lens Enhancements	<ul style="list-style-type: none"> Scratch-resistant coating Impact-resistant lenses (children and adults) Solid tints Light-reactive lenses UV coating Average 20-25% savings on other lens enhancements 	\$0 \$0 \$0 \$0 \$0
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$55	Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$55
VSP Diabetic Eyecare Plus Program™	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, and age-related macular degeneration (AMD). Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. As needed 				\$0 \$0 per exam

	Standard Option Plan Premiums		High Option Plan Premiums	
	Bi-weekly	Monthly	Bi-weekly	Monthly
Self Only	\$3.51	\$7.61	\$6.65	\$14.41
Self + One	\$7.01	\$15.19	\$13.32	\$28.86
Self + Family	\$10.53	\$22.82	\$19.99	\$43.31

Extra Savings	
<p>Glasses and Sunglasses</p> <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. <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. <p>Contacts</p> <ul style="list-style-type: none"> 15% savings on a contact lens exam from any VSP provider. 	<p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to your WellVision Exam for members without diabetes. <p>Out-of-network</p> <ul style="list-style-type: none"> Get the most out of your benefits and greater savings with a VSP in-network doctor or when you use your benefits on Eyeconic. Call Member Services at 800.807.0764 for out-of-network plan details.

VSP guarantees service from VSP providers only. 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.

NEW FOR 2020

DIABETIC EYECARE

VSP is committed to helping reverse the growing trend of pre-diabetes, diabetes, and diabetic retinopathy. New this year, members who have diabetes receive a fully covered retinal screening (digital imaging of the inside of the eye). Members with diabetes, glaucoma, and age-related macular degeneration (AMD) may be eligible for additional exams and services.

Take care of your overall health with your VSP benefits. Limitations and coordination with your medical coverage may apply. Ask your VSP network doctor for details.

CONTACT US.

We're here to help with enrollment requirements and to determine which VSP plan option is best for you and your family.

**Questions? Visit choosevsp.com
or call 800.807.0764.**



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