



Protect  
your vision  
with VSP.®

Get the best in eye care and eyewear with  
**PHILIPS NORTH AMERICA LLC 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.**

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** To find a VSP provider, visit [vsp.com](http://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](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

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

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

**VSP EasyOptions**

By selecting the Enhanced Plan with VSP EasyOptions, you and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses:

- An additional \$100 frame allowance, or
- Fully covered progressive lenses, or
- Fully covered anti-reflective coating

# Your VSP Vision Benefits Summary

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

PHILIPS NORTH AMERICA LLC and VSP provide you a choice in your vision plan—choose the Basic Plan or select the Enhanced Plan with VSP EasyOptions. This plan will allow you and each VSP member on your plan to choose benefits you'll use and love.

| BASIC                         |  |                                      | ENHANCED                      |   |                                      |
|-------------------------------|--|--------------------------------------|-------------------------------|---|--------------------------------------|
| Benefit                       | Description  | Copay                                | Benefit                       | Description   | Copay                                |
| WellVision Exam               | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>   | \$15                                 | WellVision Exam               | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>  | \$15                                 |
| <b>Prescription Glasses</b>   |  | \$15                                 | <b>Prescription Glasses</b>   |   | \$15                                 |
| Frame                         | <ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>  | Included in Prescription Glasses     | Frame                         | <ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul> | Included in Prescription Glasses     |
| Lenses                        | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>  | Included in Prescription Glasses     | Lenses                        | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>   | Included in Prescription Glasses     |
| Lens Enhancements             | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20% - 25% savings on other lens enhancements</li> </ul>   | \$50<br>\$80 - \$90<br>\$120 - \$160 | Lens Enhancements             | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20% - 25% savings on other lens enhancements</li> </ul>                      | \$50<br>\$80 - \$90<br>\$120 - \$160 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>  | Up to \$60                           | Contacts (instead of glasses) | <ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>   | Up to \$60                           |
| VSP EasyOptions               | <ul style="list-style-type: none"> <li>You and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses: an additional \$100 frame allowance, or fully covered progressive lenses, or fully covered anti-reflective coatings.</li> </ul> |                                      |                               |   |                                      |

|               |   |
|---------------|---|
| Extra Savings | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam</li> </ul>  |
|               | <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> |
|               | <b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement of a WellVision Exam</li> </ul>  |

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider.

|                       |                                       |                                       |                           |
|-----------------------|---------------------------------------|---------------------------------------|---------------------------|
| Exam..... up to \$40  | Single Vision Lenses ..... up to \$40 | Lined Trifocal Lenses..... up to \$80 | Contacts..... up to \$105 |
| Frame..... up to \$45 | Lined Bifocal Lenses..... up to \$60  | Progressive Lenses..... up to \$80    |                           |

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://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. [800.877.7195](tel:800.877.7195) | [vsp.com](http://vsp.com)