

# Get the best in eyecare and eyewear with American Commercial Lines 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-ofpocket 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 more¹. 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

Automatically get an extra \$20 to spend when you choose a featured frame brand like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a provider who carries these brands.

VSP Coverage Effective Date: 01/01/2015 VSP Provider Network: VSP Signature

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
VellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
rescription Glasses		\$20	See frame and lenses
rame	<ul> <li>\$160 allowance for a wide selection of frames</li> <li>\$180 allowance for featured frame brands</li> <li>\$90 allowance at Costco</li> <li>20% savings on the amount over your allowance</li> </ul>	Included in Prescription Glasses	Every other calendar ye
enses	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
ens Enhancements	<ul> <li>Polycarbonate lenses</li> <li>Scratch resistant coating</li> <li>UV coating</li> <li>Tinted lenses</li> <li>Oversize lenses</li> <li>Blended lenses</li> <li>Progressive lenses</li> <li>Average savings of 35-40% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$0 \$0 \$0 after \$30 copay	Every calendar year
Contacts instead of glasses)	<ul> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul> <li>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.</li> </ul>	\$20	As needed
ixtra Savings	Glasses and Sunglasses  Extra \$20 to spend on featured frame brands. Go to vsp.com/special  30% savings on additional glasses and sunglasses, including lens et the same day as your WellVision Exam. Or get 20% from any VSP pre Exam.  Retinal Screening  No more than a \$39 copay on routine retinal screening as an enhance	nhancements, from ovider within 12 mo	nths of your last WellVision
	Laser Vision Correction     Average 15% off the regular price or 5% off the promotional price; dis     After surgery, use your frame allowance (if eligible) for sunglasses from	•	
our Monthly Contribution	\$7.44 Member Only \$10.66 Member + Spouse \$12.76 Member + G	Child(ren) \$20.4	0 Member + Family
	Your Coverage with Out-of-Network Providers		

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 \$50 Frameup to \$70	Single Vision Lensesup to \$50 Lined Bifocal Lensesup to \$75	Lined Trifocal Lensesup to \$100 Progressive Lensesup to \$75				

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.