

# Keep your eyes healthy with ENSIGN SERVICES, INC. and VSP® Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

## You'll like what you see with VSP.

- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** You can choose any eyecare provider—your local VSP doctor, a retail chain affiliate, or any other provider. Once your benefit is effective, visit [vsp.com](http://vsp.com) for your complete benefit description.

Save with VSP coverage:	Without VSP Coverage	With VSP Coverage
Eye Exam	\$153	\$10 Copay
Frame	\$150	\$25 Copay
Single Vision Lenses	\$85	
Transitions® Lenses	\$101	\$70
Anti-reflective Coating	\$108	\$69
Employee-only Annual Contribution	N/A	\$
<b>Total</b>	<b>\$597</b>	<b>\$174</b>

\*Comparison based on California state averages for comprehensive eye exams and most commonly purchased brands

Average Annual Savings  
**\$423**  
with a VSP Doctor

### Primary EyeCare

As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.



Enroll in VSP today.  
You'll be glad you did.  
Contact us. [vsp.com](http://vsp.com)  
800.877.7195

# Your VSP Vision Benefits Summary

ENSIGN SERVICES, INC. and VSP provide you with an affordable eyecare plan.

VSP Doctor Network: VSP Choice

Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
<b>Your Coverage with VSP Doctors and Affiliate Providers*</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>20% off amount over your allowance</li> <li>\$70 allowance for a frame at Costco</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Options</b>	<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% off other lens options</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Primary Eyecare</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	\$20	As needed
<b>Extra Savings and Discounts</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul> <hr/> <p><b>Laser Vision Correction</b></p> <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> </ul>		

## Your Coverage with Other Providers

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

Exam.....up to \$73	Single Vision Lenses.....up to \$33	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$115
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$65	

**\*Coverage with a retail chain affiliate 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.

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You'll be glad you did.  
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