

Protect your vision with VSP.



Get the best in eye care and eyewear with NORTHERN ILLINOIS HEALTH INSURANCE PROGRAM 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.

- **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 eye care 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.

Save with VSP Coverage	Without VSP Coverage	With Buy-Up Coverage
Eye Exam	\$163	\$10
Frame	\$200	\$25
Single Vision Lenses	\$88	\$70
Photochromic Adaptive Lenses	\$106	\$69
Anti-reflective Coating	\$111	\$87.12
Employee-only Annual Contribution	N/A	
Total	\$668	\$261.12

Comparison based on national averages for comprehensive eye exams and most commonly purchased brands

NOTE: Dollar amounts in the savings chart are estimates and don't reflect additional discounts from current VSP offers and promotions.

Average Annual Savings with a VSP Provider: \$406.88

Enroll in VSP today. You'll be glad you did.
 Contact us. **800.877.7195**
vsp.com

Your VSP Vision Benefits Summary

VSP Coverage Effective Date: 09/01/2016

NORTHERN ILLINOIS HEALTH INSURANCE PROGRAM and VSP provide you with a choice of affordable vision plans – choose the plan that's right for you.

Base		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every plan year* 	\$10	
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam. 		
	Contacts <ul style="list-style-type: none"> 15% savings on a contact lens exam (fitting and evaluation) 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$0 Employee only	\$0 Employee + family	
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.			
Exam up to \$45			

Buy-Up		VSP Provider Network: VSP Choice	
Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every plan year* 	\$10	
Prescription Glasses \$25			
Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$250 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Costco® frame allowance Every other plan year* 	Included in Prescription Glasses	
	Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children Every plan year* 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Average savings of 20-25% on other lens enhancements Every plan year* 		
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every plan year* 	Up to \$60	
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> 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. As needed 	\$20	
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$50 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. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Monthly Contribution	\$7.26 Employee only	\$20.44 Employee + family	
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.			
Exam up to \$45 Lined Trifocal Lenses up to \$65			
Frame up to \$70 Progressive Lenses up to \$50			
Single Vision Lenses up to \$30 Contacts up to \$105			
Lined Bifocal Lenses up to \$50			

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.

*Plan year begins in September

†Brands/Promotion subject to change.

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