

No vision
insurance?

Look

into VSP
Direct.™



Look into VSP Direct for affordable individual and family vision insurance.

When you enroll in individual vision insurance through eHealth, you'll enjoy the best value on your eyecare. As the only national not-for-profit vision care company, we reinvest in the things you value most—the best care at the lowest out-of-pocket cost.

You'll like what you see when you look at VSP®.

Lowest Out-of-pocket Cost

You'll enjoy the lowest out-of-pocket cost in individual vision care, saving you hundreds on your eye exam and glasses.

Convenient Locations

With more than 30,000 network doctors, you're sure to find a VSP doctor close to you. Visit the "Find a Doctor" section on vsp.com to locate a VSP doctor near you.

Great Selection in Eyewear

With the largest choice in frames, you'll find the pair that's right for you and your budget.

Satisfaction Guaranteed

We guarantee your satisfaction. That's why we're consumers' #1 choice in vision care.¹ If you're not 100% happy, we'll make it right.



**Don't wait.
Enroll through
eHealth now.**

Contact us.
ehealthinsurance.com
or **866.787.877**

Save with VSP coverage:	Without VSP Coverage*	With VSP Coverage
Eye Exam	\$152	\$15
Frame	\$120	\$25
Single Vision Lenses	\$84	
Anti-reflective Coating	\$108	\$69
Light-to-dark Tinting (Photochromic Lenses)	\$101	\$70
Impact-resistant Lenses (Polycarbonate Lenses)	\$54	\$31
Annual Plan Cost**	N/A	\$182
Total	\$619	\$392

*Comparison based on national averages for comprehensive eye exams and most commonly purchased brands. This chart represents typical savings for VSP members when they see a VSP doctor.

**Plan costs vary by state.

Typical
Annual Savings
\$227
with a
VSP Doctor

Look and see why over 65 million members love VSP, and you will too:

- **Eye exam:** fully covered after a \$15 copay
- **Prescription lenses:** fully covered after a \$25 copay
- **Frames:** a wide-selection covered up to \$120, plus 20% savings on the amount over your allowance. And, maximize your benefit with an extra \$20 toward your allowance when you purchase a featured frame brand,² giving you even more fully covered frame options to choose from
- **Contact lenses (instead of glasses):** \$120 allowance toward contacts
- **Lens enhancements:** an average of 20%-25% savings on lens enhancements

Look! It's easy.

Enrollment through eHealth is a simple process.⁴ And, once you're enrolled, your great benefits are easy to use.

Visit **ehealthinsurance.com** or call **866.787.8773** to enroll.

**Enroll in VSP Direct
through eHealth today.
You'll be glad you did.**

Exclusive Member Extras

As a VSP member, you'll enjoy exclusive savings and promotions on eyecare, including laser vision correction services.³ The average savings are 15% off the regular price or 5% off the promotional price. Discounts are only available from contracted facilities.

As an added bonus, you or any family member can enjoy savings of up to \$1,200 per hearing aid compared to retail pricing on state-of-the-art digital hearing aids through TruHearing®.

For more information visit **vsp.truhearing.com**. Or call **877.396.7194** and be sure to mention that you're a VSP member.



1. Ipsos National Vision Plan Member Research, 2012 2. Before purchase, ask your VSP doctor about qualifying frame brands. Brands are subject to change 3. Applies using wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. VSP Laser VisionCare discounts are only available from VSP-contracted facilities 4. This insurance policy has exclusions and limitations. For costs and complete coverage details, call 866.787.8773

Terms and conditions and availability may vary from state to state according to state law.

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By enrolling in VSP's Individual Vision Care Policy, you indicate you have read the following terms and conditions of the plan.

Terms & Conditions

THIS POLICY PROVIDES VISION BENEFITS ONLY.

Monthly Payment Option: If you selected the monthly payment option for the annual benefit term, you agreed to pay the required annual premium in twelve (12) payments. The first payment will be withdrawn from your credit card or checking account at the time of enrollment and the remainder eleven (11) payments will be withdrawn on or around the 15th of each month. If you enroll between the 15th and last day of the month and choose to expedite your enrollment by selecting the current month effective date, you will be charged for current month and the following month at time of enrollment. If payment is not received for any reason, VSP may cancel your coverage after 30 days from when your premium was due. You are responsible to update your payment information by calling Member Services at 800-877-7195.

Renewal: This Policy is renewable at the option of the Policyholder and will automatically renew so long as premiums are paid in a timely manner, the Policyholder has not performed an act or practice that constitutes fraud and VSP continues to offer this plan. VSP will not cancel coverage under the Policy because of a Covered Person's health status requirements for vision care services. You will be notified on or around sixty (60) days prior to your auto-renewal. To make changes to your current plan, call Member Services at 800-877-7195 prior to your policy renewal date. If payment is not received for any reason, VSP may cancel your plan after thirty (30) days from when your premium was due.

Right to Return the Policy: You are permitted to return the Policy within thirty (30) days of its delivery to you and have the premium paid refunded, less the processing fee, if after examination of the Policy you are not satisfied with it for any reason. If you return the Policy to VSP at its home office it shall be void from the beginning. This means that you will be responsible for payment in full of any services received or materials purchased from the Policy effective date to the date the Policy is voided.

Other Insurance Coverage: VSP cannot coordinate plan benefits payable under this Policy with any other private or government insurance plan, including any other plan underwritten by VSP.

Grace Period: Unless, not less than thirty (30) days prior to the premium due date VSP has delivered to the Policyholder, or has mailed to the Policyholder's last address as shown by VSP's records, written notice of its intention not to renew this Policy beyond the period for which the premium has been accepted, a grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium.

Limitations, Exclusions & Exceptions:

Some brands of spectacle frames and lenses may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Preferred Provider or by calling VSP's Customer Care Division at 800-877-7195.

Copayments and other out-of-pocket expenses apply to the eye examination and/or to the purchase of most materials. Services or materials of a cosmetic nature are not covered under this policy. Medical services and supplies are not covered under this policy. Each person covered under this policy will have higher out of pocket expenses if they use a doctor who is not part of VSP's provider network.

VSP will not cancel coverage under this plan because of a covered person's health status or requirements for vision care service.

Covered persons shall report any complaints and/or grievances by selecting one of these options:

- In writing to VSP, 3333 Quality Drive Rancho Cordova CA 95670-7985;
- By calling VSP's Member Services at 800-877-7195;
- Online at VSP.com by completing a member grievance form; or
- Through your VSP doctor.

INDIVIDUAL VISION CARE PLAN

VISION SERVICE PLAN
3333 Quality Drive
Rancho Cordova, CA 95670

PLAN NUMBER:

POLICYHOLDER'S NAME:

COVERED DEPENDENTS:

PLAN EFFECTIVE DATE: [12:01 AM PST, January 1, 2006]

PREMIUM: \$ per year

STATE OF DELIVERY: California

You, the Policyholder under this Policy, shall be permitted to return this Policy within ten (10) days of its delivery to You and to have the premium paid refunded if, after examination of the Policy, You are not satisfied with it for any reason. If You return this Policy, as described above, to Vision Service Plan ("VSP") at its home office, [or to the broker or agent from whom You purchased it] it shall be void from the beginning. This means that You will be responsible for payment in full of any services received or materials purchased from the Policy Effective Date to the date the Policy is voided. If this Policy is so voided, VSP will not be liable for payment of any Plan Benefits utilized by any Covered Person under this Policy.

You will be charged a one-time only non-refundable enrollment fee of ten (10) dollars at the time you submit your initial application. You will not be charged an enrollment fee should you choose to renew your Policy.

The benefits available under this Policy are provided by Vision Service Plan ("VSP"). For any questions or problems concerning any provisions of this Plan, please contact VSP at (800) 877-7195 or in writing to 3333 Quality Drive, Rancho Cordova, CA 95670.

DEPENDENT COVERAGE

If coverage has been purchased under this Plan for persons other than the Subscriber, Covered Dependents are listed on page 1 of this Plan. Coverage for dependent children is subject to the following limitations:

Coverage for dependent children will continue through their nineteenth (19th) birthday. Coverage may be extended up to their twenty-third (23rd) birthday if they are unmarried students at an accredited institution. Coverage may be extended indefinitely for unmarried children who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap.

RENEWABILITY

This Plan is renewable at the option of the Subscriber so long as premiums are paid in a timely manner, the Subscriber has not performed an act or practice that constitutes fraud, has not made an intentional misrepresentation of material fact and VSP continues to offer this plan in the state of California. This Plan shall be automatically renewed at the end of each Plan Term unless the Subscriber gives VSP at least one month's written notice of termination. VSP will notify Subscriber at least sixty (60) days prior to the expiration of this Plan of any changes in the terms or conditions of this Plan which are to take effect upon renewal.

GRACE PERIOD

Unless, not less than 30 days prior to the premium due date, VSP has delivered to the Subscriber, or has mailed to the Subscriber's last address as shown by VSP's records, written notice of its intention not to renew this Plan beyond the period for which the premium has been accepted, a grace period of 31 days will be granted for the payment of each premium falling due after the first premium.

CANCELLATION AND REINSTATEMENT

VSP will cancel coverage under this Plan for the following reasons:

- 1) You pay Your Premium more than fifteen (15) days after being notified and billed by VSP.
- 2) You commit fraud or deception in the use of Plan Benefits or knowingly permit such fraud or deception by any other person or persons.

If VSP cancels Your coverage under this Plan for nonpayment of premium as stated above, VSP shall return any unused portion of your premium to You within thirty (30) days. Unused portions of your premiums are those that are not required to satisfy administrative costs and/or outstanding claims under the Plan.

Cancellation for non-payment of premium, as stated above, shall become effective on the sixteenth (16) day following notification and billing by VSP. If VSP does not receive Your premium within fifteen (15) days after notification of cancellation, You will be required to submit a new application in order to reinstate coverage. Upon receipt of Your new application and the required premium, coverage under the reinstated Plan will continue subject to all previous Plan Benefits provisions.

VSP will not cancel coverage under this Plan because of a Covered Person's health status or requirements for vision care services. If you believe that VSP has cancelled Your coverage for either of these reasons, You may request a review of the cancellation by the Director of the California Department of Managed Health Care.

OTHER PLAN PROVISIONS

VSP will not increase Your premium amount or reduce Your Plan Benefits unless We notify You in writing at least thirty (30) days prior to any such actions.

VSP will notify You in writing if any VSP Network Doctor from whom You are receiving Plan Benefits is no longer qualified or eligible to provide such services.

In the event that a provider from whom you are receiving Plan Benefits ceases to be a VSP Network Doctor, VSP shall remain liable to such VSP Network Doctor for Plan Benefits being provided to Covered Persons at the time of termination of that provider's contract with VSP. VSP will permit the VSP Network Doctor to continue providing Plan Benefits to Covered Persons until any current course of treatment is complete, or until VSP makes reasonable and appropriate provision for Plan Benefits to be provided by another VSP Network Doctor.

This Plan is subject to the requirements of pertinent provisions of California's Health and Safety Code and Code of Regulations. Any provisions required to be in this Plan by such codes and regulations shall be binding on VSP whether or not actually included in this Plan.

DEFINITIONS OF WORDS AND PHRASES USED IN THIS PLAN

Benefit Authorization	Authorization from VSP identifying the individual named as a Covered Person of VSP, and identifying those Plan Benefits to which Covered Person is entitled at the time the authorization is issued.
Copayment	An amount required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered, and which are payable at the time services are rendered or materials provided.
Covered Dependent	A Policyholder's eligible dependent who is covered under this Plan.
Covered Person	A person insured under this Plan, including the Subscriber and any Covered Dependent.
VSP Preferred Provider	Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who has not contracted with VSP to provide vision care services and/or vision care materials to Covered Persons of VSP.
Plan or Plan Benefits	The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under this Plan.
Policy	This document and all of its attachments, if any.
Plan Year	A twelve- (12) month period beginning on the Plan Effective date and on each subsequent anniversary thereof.
Policyholder	The person who signed the application for this Plan and who is responsible for payment of premiums for this Plan.
You, Your	The person insured under this Plan, as shown on page 1. The Subscriber.
We, Us, Our, VSP	This refers to Vision Service Plan.

SCHEDULE OF BENEFITS

PLAN BENEFITS

During each Plan Term the following vision care services and/or materials are available to Covered Persons under this Plan:

Examination

Each Plan Year, You and each of Your Covered Dependents are entitled to one complete initial vision analysis which will include an examination of visual functions and prescription of corrective eyewear where needed. At the time of the examination, You will be responsible for paying the VSP Preferred Provider a Copayment of [\$ 15.00]. You will not be responsible for any other charges relating to the examination.

Lenses*

Each Plan Year, You and each of Your Covered Dependents are entitled to receive one pair of prescription lenses. For each pair of lenses You and Your dependents receive You will be responsible for paying the VSP Preferred Provider 1), a Copayment of and 2), any charges for materials not covered under this Plan. For a list of non-covered materials, please refer to the section entitled "Not Covered."

[For Lenses, a Copayment of [\$25.00].]

Frames*

Each Plan Year, You and each of Your Covered Dependents are entitled to an allowance of [\$120.00] toward the purchase of one set of frames [each Plan Year]. For each set of frames You and Your dependents receive, You will be responsible for paying the VSP Preferred Provider 1), a Copayment of [\$25.00] 2), any costs for the purchase of the frames which exceed Your plan allowance and 3), any charges for materials not covered under this Plan. For a list of non-covered materials, please refer to the section on page 7 entitled "Not Covered."

Your plan benefits for frames and lenses shall also include necessary professional services such as prescribing and ordering proper lenses, assisting in frame selection, verifying accuracy of finished lenses, proper fitting and adjustments of frames, subsequent adjustments to frames to maintain comfort and efficiency and progress or follow-up work as necessary.

Contact Lenses*

Each Plan Year You and each of Your Covered Dependents are entitled to an allowance of [\$120.00] toward the cost of professional services and the purchase price of one pair of extended wear contact lenses or a supply of disposable contact lenses. An additional discount of fifteen percent (15%) will apply to the VSP Preferred Provider professional fee. For each pair of extended wear contact lenses or for each supply of disposable contact lenses You and Your Covered Dependents receive, You will be responsible for paying the VSP Preferred Provider 10, any amounts which exceed Your plan allowance, and 2), any charges for services and/or materials not covered under this Policy. For a list of non-covered services and materials, please refer to the section entitled "Not Covered."

***Important:** Under this Plan, You and each of Your Covered Dependents may purchase either 1) one pair of prescription eyeglasses (frame and lenses), or 2) one pair of extended wear contact lenses or a supply of disposable contact lenses.

OTHER PLAN BENEFITS

You and each of Your Covered Dependents are also entitled to receive the additional vision care services as stated below.

Additional Discount

In addition to the specific Plan Benefits stated above, You and Your Covered Dependents are entitled to receive a discount of twenty percent (20%) toward the purchase of additional complete pairs of prescription glasses (frames, lenses and Lens Options from VSP Preferred Providers. Additional pairs are those purchased beyond the Plan Year benefit frequency allowed under this Policy.

Also, You and each of Your Covered Dependents are entitled to receive a discount of fifteen percent (15%) off any VSP Preferred Provider's professional fees for evaluation and fitting of contact lenses.

You will be responsible for paying the VSP Preferred Provider the balance of any charges for materials and services after the applicable discount(s) are applied. To receive the discount(s), all services and/or materials must be purchased within twelve (12) months of an examination covered under this Policy and must be purchased from a VSP Preferred Provider.

Second Opinion

If a Covered Person disputes a diagnosis provided by his/her VSP Member Doctor, or if the treatment provided by his/her Member Doctor has not improved Covered Person's visual acuity, You may request a second opinion by calling VSP's Customer Service Department at (800) 877-7195. Your telephonic request for a second opinion will be immediately granted and Covered Person may then seek an examination from the VSP Member Doctor of his/her choice. Covered Person should advise the doctor at the time of the examination that the visit is for purposes of a second opinion.

A second opinion will be paid the same as any other examination covered under this Plan and will be subject to any applicable copayments or Plan Limitations. Payment for a second opinion under this Plan will not reduce any other available Plan Benefits. The VSP Member Doctor who performs the second opinion will provide You and the VSP Member Doctor who performed the initial examination with a consultation report.

If Your request for a second opinion is denied, VSP will notify You in writing of the reasons for the denial and You will have the right to file a grievance.

All requests for a second opinion shall be directed, in writing, to:

Vision Service Plan
Optometric Consultant
Health Care Services Division
3333 Quality Drive
Rancho Cordova, CA 95670

Important: Under no circumstances will a second opinion be granted if the patient's initial vision examination was performed by a Non-VSP Provider.

WHAT YOU NEED TO KNOW ABOUT USING YOUR PLAN BENEFITS

How to obtain services and materials under this Plan

When You or any of Your Covered Dependents want to receive Plan Benefits, contact a VSP Preferred Provider and make an appointment. Identify yourself as a VSP insured and the VSP Preferred Provider will contact VSP to verify Your eligibility and obtain a Benefit Authorization. You should refer to the VSP List of Preferred Providers provided to You with Your Policy for the names of the VSP Preferred Providers in Your area. You may also find the locations of VSP Preferred Providers by visiting VSP's web site at www.vsp.com or by calling VSP Customer Service toll-free at (800) 877-7195. Covered Persons are not limited to any geographic area when they wish to use Plan Benefits. They may select and utilize a VSP Preferred Provider anywhere throughout the United States.

Why a Benefit Authorization is required

A Benefit Authorization is VSP's way of confirming to You and to the VSP Preferred Provider that You and Your Covered Dependents are eligible to receive Plan Benefits. If VSP issues a Benefit Authorization, and You or a Covered Dependent receive Plan Benefits based on that Authorization before it expires, VSP will pay for those Plan Benefits even if this Plan is terminated. If You or a Covered Dependent receive Plan Benefits without a Benefit Authorization, You would be responsible for paying the full amount of the services and/or materials to the doctor. If You cancel and return this Policy within ten (10) days of purchase, You will be responsible for payment of all expenses incurred by You and Your Covered Dependents for services or materials, even if VSP has issued a Benefit Authorization.

Emergency Services

Plan Benefits provided by VSP under this Policy are for routine vision care services and materials only. This Policy does not cover treatment for medical conditions, whether due to an emergency or to any other cause. If You or any of Your Covered Dependents require medical treatment for any reason, You should contact a medical provider. You are encouraged to appropriately use the "911" emergency response system when requesting services relating to an emergency medical condition.

Your rights under this Plan if You have problems or questions

For any questions or complaints You may have regarding Your coverage under this Plan, please contact VSP's Customer Service Department at (800) 877-7195, Monday through Friday, from 6 AM to 7 PM, Pacific Standard Time. Many of Your questions may also be answered by visiting VSP's web site at www.vsp.com.

If You should ever have a complaint about the quality of the care You receive from a VSP Preferred Provider, wish to request reconsideration from VSP of a claim denied for payment, or for any other matter, Your first step should be to contact VSP's Customer Care Division. If they are not able to resolve Your complaint, they will assist You in the procedures for pursuing a formal review of Your concerns by VSP. At any time You may designate another person to act as Your authorized representative for matters involving VSP. For additional information on this subject, please refer to the section of this Plan entitled "How VSP handles Payment of Claims."

The California Department of Managed Care is responsible for regulating health care service plans. If You have a grievance against VSP, You should telephone VSP at **(800) 877-7195** and use VSP's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to You. If You need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by VSP, or a grievance that has remained unresolved for more than 30 days, You may also be eligible for an Independent Medical Review (IMR). If You are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Confidentiality

A STATEMENT DESCRIBING VSP's POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

HOW VSP HANDLES PAYMENT OF CLAIMS

Plan Benefits under this Plan are provided by Vision Service Plan, and are subject to preferred provider arrangements.

A preferred provider, referred to in this Plan as a "VSP Preferred Provider," is an optometrist or ophthalmologist that has signed a contract with VSP to provide Plan Benefits to Covered Persons under VSP policies. Each VSP Preferred Provider has agreed to accept discounted fees as payment from VSP in exchange for being listed in VSP's directory of its contracting doctors. A doctor who is not a preferred provider has no contractual arrangement with VSP and can charge whatever fee he or she desires. You can obtain more information regarding VSP's preferred providers, including a list of doctors in Your area, by visiting VSP's web site at www.vsp.com, by calling VSP's Customer Service Department at (800) 877-7195 or by writing to VSP at 3333 Quality Drive, Rancho Cordova, CA 95670.

Services from VSP Network Doctors

When You or Your Covered Dependents receive services or materials from a VSP Network Doctor, the doctor will submit any required claims directly to VSP. VSP will then pay the doctor for the Plan Benefits You received. You will never be required to file a claim with VSP. If VSP fails to pay the VSP Network Doctor, neither You nor any of Your Covered Dependents will be held liable for any sums owed by VSP other than those not covered by VSP under this Policy.

Other Insurance Coverage

VSP will not coordinate Plan Benefits payable under this Policy with any other private or government insurance plan, including any other plan underwritten by VSP.

Denial of Payment for Claims

If VSP denies a claim, You have the right to request a reconsideration of the denial. Also, if VSP denies your request for reconsideration of the claim, You have the right to appeal the decision.

You may obtain more information concerning VSP's appeals process by contacting VSP's Customer Care Division at (800) 877-7195.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their VSP Preferred Provider or by calling VSP's Customer Care Division at (800) 877-7195.

NOT COVERED

The following vision care services and/or materials are not covered under this Plan.

1. Services and/or materials not included as Plan Benefits in this Plan.
2. Orthoptics or vision training and any associated supplemental testing.
3. Corneal Refractive Therapy (CRT)
4. Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia).
5. Refitting of contact lenses after the initial (90-day) fitting period.
6. Plano lenses (lenses with refractive correction equal to or less than $\pm .50$ diopter).
7. Two pair of glasses in lieu of bifocals.
8. Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
9. Medical or surgical treatment of the eyes.
10. Plano contact lenses to change eye color cosmetically.
11. Artistically-painted contact lenses.
12. Contact lens insurance policies or service contracts.
13. Additional office visits associated with contact lens pathology.
14. Contact lens modification, polishing or cleaning.
15. Costs for services and/or materials exceeding Plan Benefit allowances.
16. Services or materials of a cosmetic nature.
17. Local, State and/or federal taxes, except where VSP is required by law to pay.