A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM REGIONS FINANCIAL CORPORATION AND VSP.

VSP Vision care for life

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

PREMIER PROGRAM

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor or retail chain. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

Prefer to shop online? Use your vision benefits on Eyeconic®—the VSP preferred online retailer.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

Choose Your Perfect Pair

VSP members get an extra $20 to spend on featured frame brands. Plus, save up to 40% on lens enhancements.*

	Without VSP	With VSP Coverage
Eye Exam	$181	$15
Frame	$150	$25
Bifocal Lenses	$154	
Polycarbonate Lenses	$58	$0
Scratch-resistant Coating	$44	$0
Associate-only Annual Contribution	N/A	$104.04
Total	$587	$144.04

YOUR AVERAGE ANNUAL SAVINGS WITH VSP

$442.96

Enroll today.

Contact us: **800.877.7195** or **vsp.com**

YOUR VSP VISION BENEFITS SUMMARY

REGIONS FINANCIAL CORPORATION and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	$15	Every calendar year
PRESCRIPTION GLASSES		$25	See frame and lenses
Frame	• $150 allowance for a wide selection of frames • $170 allowance for featured frame brands • 20% savings on the amount over your allowance • $80 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Polycarbonate lenses • Scratch-resistant coating • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $0 $0 $95 - $105 $150 - $175	Every calendar year
Contacts (instead of glasses)	• $150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
DIABETIC EYECARE PLUS PROGRAM	• 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.	$20	As needed
EXTRA SAVINGS	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Your Bi-weekly Contribution	$4.00 Associate only $6.00 Associate + spouse $6.00 Associate + child(ren) $10.25 Associate + family		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to $45	Lined Bifocal Lenses	up to $50	Progressive Lenses	up to $50
Frame	up to $70	Lined Trifocal Lenses	up to $65	Contacts	up to $105
Single Vision Lenses	up to $30				

Coverage with a retail chain may be different or not apply. Once your benefit is effective, visit vsp.com for details. VSP guarantees coverage from VSP network providers only. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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