Keep your eyes healthy with University System of New Hampshire 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 for your complete benefit description.

Using your VSP benefit is easy.

• **Find an eyecare provider who’s right for you.** To find a VSP doctor or retail chain affiliate, visit vsp.com or call 800.877.7195.

• **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.

• **At your appointment, tell them you have VSP.** There’s no ID card necessary.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

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®.

<table>
<thead>
<tr>
<th>Save with VSP coverage:</th>
<th>Without VSP Coverage</th>
<th>With VSP Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>$152</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Frame</td>
<td>$150</td>
<td>$20 Copay</td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>$84</td>
<td></td>
</tr>
<tr>
<td>Scratch-resistant Coating</td>
<td>$41</td>
<td>$0</td>
</tr>
<tr>
<td>Polycarbonate Lenses</td>
<td>$54</td>
<td>$0</td>
</tr>
<tr>
<td>Employee-only Annual Contribution</td>
<td>N/A</td>
<td>$88.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$481</strong></td>
<td><strong>$108.80</strong></td>
</tr>
</tbody>
</table>

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

**Average Annual Savings**

$372.20 with a VSP Doctor

Enroll in VSP today.
You’ll be glad you did.
Contact us. vsp.com
800.877.7195
## Your VSP Vision Benefits Summary

**University System of New Hampshire** and VSP provide you with an affordable eyecare plan.

### VSP Coverage Effective Date: 01/01/2014

**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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong></td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$0</td>
<td>Every calendar year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prescription Glasses</strong></th>
<th></th>
<th>$20</th>
<th>See frame and lenses</th>
</tr>
</thead>
</table>
| **Frame** | • $150 allowance for a wide selection of frames  
• 20% off amount over your allowance  
• $80 frame allowance at a Costco location | 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 Options** | • Scratch-resistant coating  
• Polycarbonate lenses  
• Tints  
• UV coatings  
• Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses  
• Average 20-25% off other lens options | $0  
$0  
$0  
$0  
$55  
$95 - $105  
$150 - $175 | Every calendar year |
| **Contacts (instead of glasses)** | • $150 allowance for contacts; copay does not apply  
• Contact lens exam (fitting and evaluation) | Up to $60 | 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.

<table>
<thead>
<tr>
<th><strong>Copay</strong></th>
<th><strong>Frequency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$20</td>
<td>As needed</td>
</tr>
</tbody>
</table>

### Extra Savings and Discounts

**Glasses and Sunglasses**

• 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.

**Retinal Screening**

• Guaranteed pricing on retinal screening as an enhancement to your 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

- $3.42 Employee only
- $6.83 Employee + 1
- $10.98 Employee + family

### Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $55</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>up to $70</td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>up to $45</td>
<td></td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>up to $54</td>
<td></td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>up to $79</td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>up to $54</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $135</td>
<td></td>
</tr>
<tr>
<td>Tints</td>
<td>up to $5</td>
<td></td>
</tr>
</tbody>
</table>

*Coverage with a retail chain affiliate 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.*

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**Enroll in VSP today.**

**You'll be glad you did.**

**Contact us.** [vsp.com](http://vsp.com)

**800.877.7195**

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