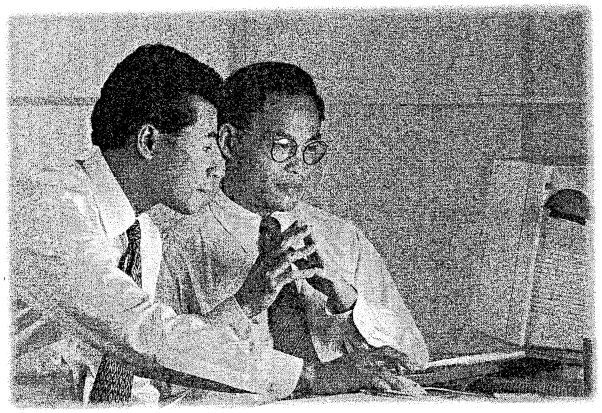
Welcome to the Nation's Premier Eyecare Health Plan!



Your VSP Benefits at a Glance

VSP benefits are designed to protect your visual wellness. Consequently, you may have to pay extra if you choose certain cosmetic or elective eyewear options. Before selecting your eyewear, ask your doctor what is fully covered by your VSP plan. Please keep in mind, some items may require a copayment at the time of visit. The following summarizes the main benefits of your plan.

BENEFIT	FREQUENCY
Examination	24 months[1]
Lenses[2]	24 months[1]
Frame[2]	24 months[1]
Contact Lenses[3, 4]	
Elective	24 months[1]
Medically Necessary[5]	24 months[1]

1 Based on your last date of service.
2 Your plan provides a 20 percent discount on non-covered complete pairs of prescription glasses when provided by a VSP doctor.
3 Patients choosing contacts use their eligibility for a frame and lenses.
4 Your plan includes a 15 percent discount off of the VSP doctor's professional services when buying contact lenses. Materials are provided at the customary fees.
5 Medically necessary contact lenses must be prescribed by a VSP doctor for certain conditions. Your VSP doctor must get prior approval from VSP for medically necessary contact lenses.

As a Vision Service Plan member, you have:

Great access to doctors

We have the nation's largest eyecare doctor network, with thousands of doctors located in metropolitan as well as rural areas.

Excellent health protection

All of our plans provide a thorough eye examination, which is important to your overall health. Eye examinations can detect and diagnose numerous medical problems, including diabetes, glaucoma, high blood pressure and certain cancers.

High quality

We were one of the first eyecare health plans to use stringent National Committee for Quality Assurance guidelines to credential all of our doctors. These guidelines are increasingly becoming the national benchmark for evaluating the quality of health plans.

Finding a VSP Doctor

You can easily find a VSP doctor by:

- Asking your organization's benefits representative
- Calling the VSP Customer Service phone number
- Logging on to the VSP Web site at www.vsp.com, and using the Doctor Directory

Services From an Out-of-Network Provider

Typically, more than 90 percent of our patients receive care from VSP doctors. If you wish to see an out-of-network provider, VSP will reimburse you up to the amount allowed under your plan's out-of-network provider reimbursement rate. Be aware that your out-of-network provider reimbursement rate does not guarantee full payment, and VSP cannot guarantee patient satisfaction when services are received from an out-of-network provider. If your plan allows such reimbursements, pay the entire bill when you see the out-of-network provider and gather the following information:

- The provider's bill, including a detailed list of the services you received
- The covered member's VSP member identification number (usually the Social Security number)
- The covered member's name, phone number and address
- The name of the organization that provides your VSP coverage
- Your name, date of birth, phone number and address
- Your relationship to the covered VSP member (such as "self," "spouse," "child," etc.)

Claims must be filed with VSP within six months after seeing the provider.

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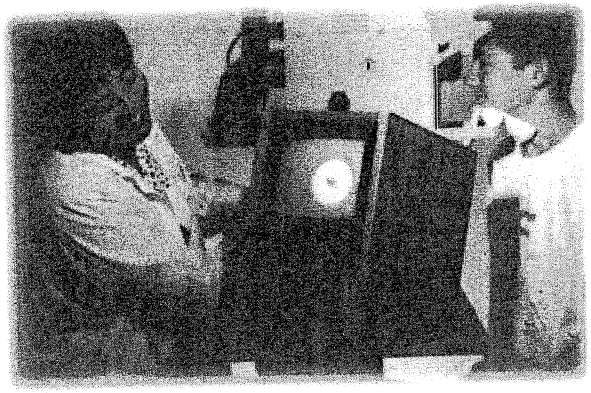


How To Use Your Benefits

1. Call your VSP doctor and make an appointment.
2. When you call, tell the doctor you are a VSP member and give the following information:
   - Your name and date of birth
   - The name of the group that provides your VSP coverage (This may be your or your spouse's employer, organization, health plan, trust fund, etc.)
   - Covered member's VSP identification number (usually the Social Security number)*

* *The covered member is the person whose group provides your VSP coverage. If it's not your group that provides you with VSP, then it's probably your spouse or a parent.*

3. After you make an appointment, your doctor and VSP will handle the rest. The doctor will check your eligibility for services and plan coverage.

During your doctor visit, ask whether the services and materials — such as eyewear — that you want are covered by your VSP plan.

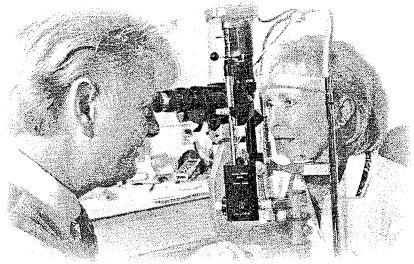
Tints, special lenses and scratch-resistant coatings are some of the cosmetic options that may be covered under your plan or available to you at discounted prices.

Pay your doctor for any copayments and other costs not covered by your VSP plan. VSP pays the doctor for services and materials covered by your VSP plan.

If you have problems with your eligibility, contact the VSP Customer Service phone number listed in this brochure.

For More Information

This information is a summary of your VSP benefit. Note: In the event of a conflict between this brochure and your group or health plan's contract with VSP, the terms of the contract will prevail. For more information, call the VSP Customer Service phone number, or log on to our Web site at www.vsp.com, and click on the Information for Members button.



VSP Customer Service, 24-hour,
toll-free phone number:
1-800-877-7195
T.D.D. for the hearing impaired:
1-800-428-4833
Web site address: www.vsp.com
Vision Service Plan is an Equal Opportunity and Affirmative Action Employer.

Help Prevent Insurance Fraud
VSP's Fraud Watch Hotline
1-800-877-7236

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