



Vision plans your clients can focus on

Provide your clients' employees with vision plans from Nationwide that will help them see more clearly.

Our vision plans, in partnership with VSP® Vision Care Network, offer businesses the flexibility to choose from a range of benefit levels, all with access to the largest national provider network.



Nationwide®
is on your side

10+

GROUP VISION INSURANCE

Noncontributory (100% employer-paid): 100% of eligible employees must be enrolled

Contributory: Greater of 10 employees or 75% of eligible employees must be enrolled

Voluntary (employee-paid): Greater of 5 employees or 25% of eligible employees must be enrolled

Spousal waivers are excluded from minimum participation requirements.

BENEFITS ►

	EXAM AND LENS FREQUENCY	FRAME FREQUENCY	EXAM CO-PAY	MATERIALS CO-PAY	FRAME ALLOWANCE*	ELECTIVE CONTACT LENS ALLOWANCE*
PLAN 1	12 Months	12 Months	\$0	\$0	\$150 or \$165	\$150 or \$165
PLAN 2	12 Months	12 Months	\$10	\$0	\$130 or \$150	\$130 or \$150
PLAN 3	12 Months	12 Months	\$10	\$10	\$130 or \$150	\$130 or \$150
PLAN 4	12 Months	12 Months	\$15	\$15	\$130	\$130
PLAN 5	12 Months	12 Months	\$10	\$25	\$130, \$150 or \$165	\$130, \$150 or \$165
PLAN 6	12 Months	12 Months	\$20	\$0	\$130	\$130
PLAN 7	12 Months	12 Months	\$20	\$20	\$130 or \$150	\$130 or \$150
PLAN 8	12 Months	24 Months	\$10	\$0	\$130	\$130
PLAN 9	12 Months	24 Months	\$10	\$10	\$130 or \$150	\$130 or \$150
PLAN 10	12 Months	24 Months	\$10	\$20	\$130	\$130
PLAN 11	12 Months	24 Months	\$10	\$25	\$130, \$150 or \$165	\$130, \$150 or \$165
PLAN 12	12 Months	24 Months	\$15	\$15	\$150 or \$165	\$150 or \$165
PLAN 13	12 Months	24 Months	\$20	\$0	\$130	\$130
PLAN 14	12 Months	24 Months	\$20	\$20	\$130	\$130
PLAN 15	12 Months Exam Only	NA	\$10	NA	NA	NA
PLAN 16	12 Months	12 Months	\$10	\$25	\$120	\$120
PLAN 17	12 Months	24 Months	\$10	\$25	\$120	\$120

*Prescription contact lens materials covered in full, up to the amount listed above in lieu of frame and lenses (contact lens allowance must match frame allowance).



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Search providers at [vsp.com](https://www.vsp.com). **VSP[®]**
Vision Care

nationwide.com/NEB

ADDITIONAL PLAN FEATURES ▼

	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered after co-pay	Covered up to a maximum of \$45
LENSES, SINGLE VISION	Covered after co-pay	Covered up to a maximum of \$30
LENSES, LINED BIFOCAL	Covered after co-pay	Covered up to a maximum of \$50
LENSES, LINED TRIFOCAL	Covered after co-pay	Covered up to a maximum of \$65
LENSES, LENTICULAR	Covered after co-pay	Covered up to a maximum of \$100
FRAMES	Covered in full to benefit maximum	Covered up to a maximum of \$70
CONTACT LENSES, ELECTIVE – MATERIALS ONLY <i>(In lieu of frames and lenses)</i>	Covered in full to benefit maximum	Covered up to a maximum of \$105 (includes fitting and evaluation)
CONTACT LENSES, ELECTIVE – FITTING AND EVALUATION	Covered after a maximum \$60 co-pay	N/A
VISUALLY NECESSARY CONTACT LENSES	Covered in full	Covered up to a maximum of \$210
POLYCARBONATE LENSES	Covered in full for dependent children up to age 18	NA

DISCOUNTS AVAILABLE ▼

LENS ENHANCEMENTS	Average savings of 20-25%
LASIK AND PRK	Average 15% off the regular price or 5% off the probational price; discount available only from contracted facilities
ADDITIONAL PAIR OF GLASSES	20% savings on additional pair of glasses or non-prescription sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam

Savings programs are subject to state law. Details and availability vary.

OTHER INFORMATION ▼

RATE STRUCTURE	2, 3 or 4 Tier
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Nationwide®
is on your side

Why choose Nationwide?

Our financial strength makes it easy for employers to choose Nationwide for their employee benefits.

A+

AM Best

Received 10/17/2002
Affirmed 11/16/2018

A1

Moody's

Received 03/10/2009
Affirmed 11/07/2017

A+

**Standard
& Poor's**

Received 12/22/2008
Affirmed 05/10/2018

To learn more about group disability insurance and other solutions from Nationwide Employee Benefits®, call **1-888-674-0385** or visit us at **nationwide.com/NEB**.



Over
\$200
billion²
in total assets

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² Nationwide Annual Report (Dec. 31, 2018).

Products are underwritten by Nationwide Life Insurance Company, Columbus, Ohio, CA COA #7032. This policy provides coverage for vision only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Products are not available in all states. All coverage is subject to state mandates. The benefits outlined are for illustrative purposes only and should not be considered a proposal for coverage. Limitations and exclusions apply. Additional plan options are available, subject to underwriting approval.

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