



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 offer small businesses the flexibility to choose from a range of benefit levels to meet the needs of both their business and employees. Plus, employees have access to the VSP® Vision Care Network for benefits and additional savings.



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2-9

GROUP VISION INSURANCE

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

Contributory: 2-5 lives, all eligible employees must be enrolled / 6-9 lives, all but one eligible employee must be enrolled

Spousal waivers are excluded from minimum participation requirements.

BENEFITS ▼	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
EXAM AND LENS FREQUENCY	12 Months	12 Months	12 Months	12 Months	12 Months Exam Only
FRAME FREQUENCY	12 Months	24 Months	24 Months	24 Months	NA
EXAM COPAY	\$10	\$10	\$10	\$20	\$10
MATERIALS COPAY	\$25	\$0	\$25	\$20	NA
FRAME ALLOWANCE	\$150	\$150	\$150	\$150	NA
ELECTIVE CONTACT LENS ALLOWANCE*	\$150	\$150	\$150	\$150	NA

*Prescription contact lens materials covered in-full up to the amount listed above in lieu of frame and lenses.

ADDITIONAL PLAN FEATURES ▼

	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered after copay	Covered up to a maximum of \$45
LENSES, SINGLE VISION	Covered after copay	Covered up to a maximum of \$30
LENSES, LINED BIFOCAL	Covered after copay	Covered up to a maximum of \$50
LENSES, LINED TRIFOCAL	Covered after copay	Covered up to a maximum of \$65
LENSES, LENTICULAR	Covered after copay	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 copay	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	Covered in full for dependent children up to age 18



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DISCOUNTS AVAILABLE ▼

LENS ENHANCEMENTS	Average savings of 20-25%
LASIK AND PRK LASER VISION CORRECTION	Average 15% off the regular price or 5% off the probational price; discount only available 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

OTHER INFORMATION ▼

RATE STRUCTURE	4 Tier
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PROVIDER NETWORK



Your employees can choose their provider from over 70,000 access points, including the largest national network of independent doctors and nearly 4,500 participating retail chain locations. Search providers at vsp.com.

ADDED VALUE

- Primary EyeCare PlanSM — in office 24/7 urgent care available
- Complimentary eye care exam reminder for diabetic patients
- Patient-specific data exchange with health plans and disease management
- Exclusive access to TruHearing[®] and other discounts *(not available in Washington)*

EXCLUSIVE MEMBER EXTRAS

Only VSP members can save more than \$2,500 by taking advantage of exclusive rebates and special offers, including:

- Rebates on the most popular contact lens brands
- Special savings and an extra \$20 on featured frame brands
- Laser vision surgery—up to \$500 savings

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



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Why choose Nationwide?

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

A+

A.M. Best

Received 10/17/02
Affirmed 7/7/16

A1

Moody's

Received 3/10/09
Affirmed 7/21/16

A+

**Standard
& Poor's**

Received 12/22/08
Affirmed 4/22/16



Over
\$200
billion²
in total assets

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

1 Based on revenue, Fortune magazine (5/2016). 2 Nationwide Annual Report, December 31, 2016.

Products 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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