

The Plan Details: VSP Choice Plan

BENEFIT	VSP PREFERRED PROVIDER*	OPEN ACCESS PROVIDER
WellVision® Exam	Covered in full after \$20 exam copay	Reimbursed up to \$50.00
Single Vision Lenses	Covered in full after \$20 materials copay	Reimbursed up to \$50.00
Lined Bifocal Lenses	Covered in full after \$20 materials copay	Reimbursed up to \$75.00
Lined Trifocal Lenses	Covered in full after \$20 materials copay	Reimbursed up to \$100.00
Lenticular Lenses	Covered in full after \$20 materials copay	Reimbursed up to \$125.00
Frame	Covered up to \$130.00 allowance (\$50.00 wholesale)	Reimbursed up to \$70.00

Contact Lens Services and Materials:

Elective (instead of glasses)	Covered up to \$130.00 (includes contact lens services and materials)	Reimbursed up to \$105.00
Necessary	Covered in full after \$20 materials copay	Reimbursed up to \$210.00

* When covered in full services are obtained from a VSP Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays.

The Plan Highlights: Choice Plan

Benefit	Benefit Highlights
WellVision Exam	Thorough eye exams can detect symptoms of serious eye conditions and health conditions, like diabetes and high cholesterol.
Lenses	In addition to covered-in-full glass or plastic lenses, VSP Preferred Providers offer cost controls on all lens options, saving our members an average of 35-40% off their normal fees. Members also receive 30% off unlimited additional pairs of prescription and non-prescription glasses, including sunglasses ¹ . Plus, dependent children of members are eligible for covered-in-full polycarbonate lenses.
Frames	To ensure our members get the best value, our retail frame allowances are backed by a guaranteed wholesale allowance. This means the member receives the same value no matter which VSP Preferred Provider they visit. Members also receive 20% off any amount exceeding their allowance.
Contact Lenses	VSP Preferred Providers offer a 15% discount off their contact lens services. Refit and replacement contact lens wearers may qualify for a covered in full ² contact lens exam and a six-month supply of approved lenses, including toric, multifocal, and silicone hydrogel. Necessary contact lenses are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.
Laser VisionCare Program	VSP contracted laser centers provide discounts for laser surgery, including PRK, LASIK and Custom LASIK ³ . Discounts average 15% off or 5% off if the laser center is offering a promotional price. ⁴ Plus, members who've had PRK, LASIK or Custom LASIK vision correction surgery can use their covered-in-full benefit for sunglasses, instead of a prescription pair of glasses.
Low Vision	Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing is covered every 2 years. VSP will pay 75% of the cost for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) per member every 2 years.
Primary EyeCare PlanSM	VSP Preferred Providers provide supplemental medical coverage for specialty eyecare services and conditions, such as pink eye, and other urgent eyecare needs. Members can see their VSP Preferred Provider without a referral, as often as needed. A \$20.00 copay applies for each visit.
Exclusions and Limitations	There may be some materials and services with either limited or no coverage under this plan. Please contact your VSP representative for more information.

¹ 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

² If a member selects a lens from a tier that is above their allowance they pay the difference. If a member selects a lens from a tier that is below their allowance they may apply the remaining balance toward additional contact lenses. This program was designed for standard fit members, VSP Preferred Providers will determine if a member qualifies.

³ Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

⁴ LaserVision Care discounts are only available from VSP-contracted facilities.