



Your Proposed Plan Design at a Glance – VSP Signature Plan

BENEFIT	VSP NETWORK DOCTOR¹	NON-VSP PROVIDER²
Eye Exam	Covered in full	Reimbursed up to \$45.00
Single Vision Lenses ³	Covered in full	Reimbursed up to \$45.00
Bifocal Lenses ³	Covered in full	Reimbursed up to \$65.00
Trifocal Lenses ³	Covered in full	Reimbursed up to \$85.00
Lenticular Lenses ³	Covered in full	Reimbursed up to \$125.00
Frame ⁴	Covered up to \$120.00 allowance (\$46 wholesale)	Reimbursed up to \$47.00
Contact Lens Exam (Evaluation & Fitting) and Contact Lenses:		
Elective ⁵	Covered up to \$120.00	Reimbursed up to \$105.00
Necessary ⁶	Covered in full	Reimbursed up to \$210.00

- ¹ When an exam and/or materials are received from a VSP network doctor, the patient will have no out-of-pocket expense other than the copayment, unless optional items are selected that the plan does not cover.
- ² Although more than 93 percent of our patients see VSP doctors, we believe that choice is essential when it comes to healthcare. That's why we provide a reimbursement schedule for patients choosing an out-of-network provider. Services and eyewear obtained through out-of network providers are subject to the same copayment and limitations as services through VSP doctors.
- ³ In addition to the coverage provided, VSP doctors extend cost controls on lens options saving our members an average of **20 percent off** their usual fees. See coverage description grid below for additional discount information.
- ⁴ To ensure the utmost choice and value, our frame allowances are based on **wholesale** prices, but are communicated to members as a **retail equivalent** for ease of understanding. In addition, members will receive **20 percent off** the amount exceeding their retail allowance. See coverage description grid below for additional information.
- ⁵ Contact lenses are covered instead of frames and lenses. The allowance applies to VSP doctors' professional services, less a **15 percent discount**, and materials for contact lenses. Any costs exceeding this allowance are the patient's responsibility. See coverage description grid below for additional discount information.
- ⁶ Medically necessary contact lenses are covered in full from a VSP doctor subject to review for medical necessity.

VSP Signature Plan Description of Coverage

BENEFIT	GENERAL DESCRIPTION
Eye Exam	VSP offers a thorough eye exam due to the important role that a regularly scheduled eye check-up can play in protecting visual and general wellness.
Lenses: <ul style="list-style-type: none"> • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular Lenses 	Lenses in glass or plastic are covered in full. Dependent children of VSP members are also eligible for polycarbonate lenses covered in full, the safest, strongest and most commonly recommended lens on the market for children. VSP doctors also extend cost controls on lens options, saving our members an average of 20 percent off their usual fees. Cost-controlled options include: <ul style="list-style-type: none"> – Blended lenses – Scratch-resistant coating – Anti-reflective coating – UV protected lenses – Oversized lenses (over 60MM) – Progressive multifocal – Photochromic or tinted lenses other than Pink 1 or 2 (Included in Plan C) Additionally, VSP members will receive a 20 percent discount on additional complete sets of prescription glasses.
Frames	To ensure the utmost choice and value, our frame allowances are based on wholesale prices and communicated to members as a retail equivalent for ease of understanding. VSP's standard retail and wholesale allowances give patients substantial buying power and full coverage for more than 15,000 frames on the market today. If the patient selects a frame that is not in the VSP doctor's inventory, the doctor can typically order it.
Contact Lenses	Contact lens services and materials are covered instead of a frame and lenses. The allowance applies to the contact lens exam (fitting and evaluation) and lenses. Additionally, VSP doctors provide an exclusive 15 percent discount off their contact lens professional services. Current soft contact lens wearers may qualify for a covered-in-full contact lens evaluation and initial supply of non-specialty replacement lenses, from VSP's list of popular brands, when visiting a VSP network doctor. Medically necessary contact lenses are covered in full from a VSP doctor with pre-approval from VSP if a medical condition prevents the member from wearing eyeglasses.
Laser VisionCare Program SM	VSP has contracted with doctors, surgeons and laser centers to provide a discounted fee for laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and custom LASIK. Discounts vary by location, but will average 15 percent off of the contracted laser center's usual and customary price. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5 percent off of the promotional price.
Low Vision	If low vision supplemental testing is approved, it will be covered by VSP every two years. VSP will pay 75 percent of the cost for approved low vision aids, up to the maximum of \$1,000 (less any amount paid for supplemental testing) per covered individual every two years.
Primary Eye Care (PEC)	Primary EyeCare is designed for the detection, treatment and management of ocular conditions and/or systemic conditions, which left untreated may result in vision loss. VSP members have the option to visit a VSP doctor for diagnosis and overall management of such medical eye conditions and other urgent eyecare needs.



Schedule of Frequency for VSP's Signature Plan:

	Plan A ¹	Plan B ²	Plan C ³
Eye Exam	12 Months	12 Months	12 Months
Lenses	24 Months	12 Months	12 Months
Frame	24 Months	24 Months	12 Months

¹ Pooled Voluntary plan options are not available with Plan A frequencies. Please contact your VSP Account Executive for more information.

² When members choose contact lenses instead of glasses, they will be eligible for a frame twelve months from the date contact lenses were obtained.

³ Plan C includes coverage for tinted and photochromic lenses at no extra cost to the member.

Optional Plan Enhancements

Lens Option Upgrades

Due to the increasing popularity of lens options and requests from clients for them, VSP makes nearly every lens product available to our members. The following cost-controlled lens enhancement options can bring additional choice and value to your plan and are available at an additional cost:

Progressive Lenses: While traditional bifocal and trifocal lenses have a line in the middle of the lens, progressive lenses are line-free. The power gradually changes from distance to intermediate (arm's length) to near (reading distance) vision correction, moving invisibly from the top to the bottom of the lens.

- **Scratch-Resistant Coating:** Scratch-resistant coatings can be applied to plastic lenses to increase their resistance to scratching and pitting. The protective coating is applied directly to the lens material and greatly reduces the potential for normal scratching of the lenses, thus reducing lens distortion and increasing the life of the lens.
- **Anti-Reflective Coating:** Anti-reflective coatings reduce glare from a lens surface by increasing the amount of light going through the lens. This reduces "ghost" images, glare from lights at night, backside reflection (light reflecting off of the backside of a lens) and eyestrain caused by overhead lighting.

Frame and Contact Lens Allowance Upgrades

In addition to the lens option enhancements, you can choose to upgrade your materials allowances, reducing your employees' out-of-pocket expenses and increasing their buying power. The following allowance upgrades are available:

- **Frame Allowance Upgrade:** You can add value to your frame benefit by increasing the standard \$120 retail frame allowance to \$130, \$140 or \$150.
- **Contact Lens Allowance Upgrade:** You can add value to your contact lens benefit by increasing the standard \$120 contact lens allowance to \$135.

Please contact your VSP Representative for rates and more information about these optional plan enhancements.