

VSP Choice Plan[®]

OPTION 1 – CHOICE PLAN C - 12/12/12 - \$200/\$175

COVERED PHOTOCROMICS, TINTS & DYES

The VSP Choice Plan is a full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.



Benefits through a VSP Network Provider

- Exam Services**
- Comprehensive WellVision Exam[®] covered in full*
 - Routine retinal screening covered after a no more than \$39 copay

- Lenses**
- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

- Lens Enhancements**
- Most popular lens enhancements are covered after a copay, saving our members an average of 20-25%

| Lens Enhancement | Single Vision | Multifocal |
|---------------------------|----------------------|-------------------|
| Anti-reflective coating | \$41 | \$41 |
| Polycarbonate | \$31 | \$35 |
| Progressive | N/A | \$55 |
| Scratch-resistant coating | \$17 | \$17 |
| Photochromic | Covered in full | Covered in full |
| Tints & Dyes | Covered in full | Covered in full |

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.

- Polycarbonate lenses for children are covered in full

- Frame**
- Frames covered in full* up to the retail allowance of **\$200**.
 - Members who select a featured frame brand, including Anne Klein, bebe[®], Calvin Klein, Flexon, Lacoste, Nike, Nine West and more, will receive an extra \$20 toward their frame allowance
Featured frame brands and promotion subject to change
 - 20% off any amount above the retail allowance
 - Members can choose from virtually any frame on the market

- Additional Pairs of Glasses**
- **Within 12 months of exam:** 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

Get up to \$110 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

\$500 savings on LASIK

Members can save up to \$500 on LASIK at NVision Eye Centers and TLC Laser Eye Centers.

Save up to \$2,500

With Exclusive Member Extras, members can save more than \$2,500 with special offers and rebates through VSP and other leading industry partners.

Learn More

Visit vsp.com/specialoffers.

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Elective Contact Lenses

- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed \$60
- Prescription contact lens materials are covered in full up to the retail allowance of **\$175** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

VSP Diabetic EyeCare Plus ProgramSM

- Additional coverage for members with diabetic eye disease, glaucoma or age-related macular degeneration
- \$20 copay per visit

VSP Laser VisionCareSM Program

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase

Discounts are only available from VSP-contracted facilities. Also 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.

Low Vision

- Pre-approved low vision supplemental testing covered every two years
- 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years

Out-of-Network Schedule

We offer a generous reimbursement schedule for services from other providers

| | |
|--|-------|
| Exam | \$45 |
| Lenses: | |
| Single vision | \$30 |
| Lined bifocal | \$50 |
| Lined trifocal | \$65 |
| Frame | \$70 |
| Elective contact lenses (in lieu of lenses and frame) | \$105 |

Monthly Rates

Fully Insured:
Risk Rates

| Exam/Lens/Frame Copay - \$20 exam/\$15 materials | 12/12/12 |
|--|----------|
| Employee Only | \$8.47 |
| Employee + Spouse | \$16.94 |
| Employee + Child(ren) | \$18.89 |
| Employee + Family | \$30.19 |

Rate Details

Rates are guaranteed for 2 years, and are valid until 05/31/2019. Includes 4% flat commission. Rates include any applicable taxes and health assessment fees known as of the date of the proposal.

Disclaimers & Exclusions

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location.

Promotions like rebates and the featured frame brands promotion are continually evaluated and subject to change without notice.

The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.